


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90339 006 \*\*\*\*61.25

**DOCUMENT # N02000008255**

1. Entity Name  
 JAIL MINISTRIES & OUTREACHES, INC.



Principal Place of Business  
 101 LISA ANN TRAIL  
 PALATKA, FL 32178

Mailing Address  
 POST OFFICE BOX 1014  
 PALATKA, FL 32178

**DO NOT WRITE IN THIS SPACE**



04262006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-1162175	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JAMES P  
 101 LISA ANN TRAIL  
 PALATKA, FL 32178

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, JAMES P 101 LISA ANN TRAIL PALATKA, FL 32178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CAMPBELL, CATHY 104 RIVER OAK COURT EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TREMBLY, ROY 194 YELVINGTON ROAD EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *James P. Williams*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 JAMES P. WILLIAMS

04 26 06 (386) 328-6694  
 Date Daytime Phone #