

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008255

FILED
Apr 15, 2009
Secretary of State

Entity Name: JAIL MINISTRIES & OUTREACHES, INC.

Current Principal Place of Business:

101 LISA ANN TRAIL
PALATKA, FL 32178

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1014
PALATKA, FL 32178

New Mailing Address:

FEI Number: 65-1162175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, JAMES P
Address: 101 LISA ANN TRAIL
City-St-Zip: PALATKA, FL 32177

Title: VT () Delete
Name: CAMPBELL, CATHY
Address: 104 RIVER OAK COURT
City-St-Zip: EAST PALATKA, FL 32131

Title: T () Delete
Name: TREMBLY, ROY
Address: 194 YELVINGTON ROAD
City-St-Zip: EAST PALATKA, FL 32131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES P. WILLIAMS

PD

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date