

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 07, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N02000008783**

1. Entity Name  
**BEYOND JAIL MINISTRIES, INC.**



Principal Place of Business  
**8004 BROWER DRIVE  
BRADENTON, FL 34211**

Mailing Address  
**8004 BROWER DRIVE  
BRADENTON, FL 34211**



03032005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**11-3666043**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BERGAR, SUE ANN  
8004 BROWER DR  
BRADENTON, FL 34211**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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 BERGER, SUE 8004 BROWER DR BRADENTON, FL 34211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KLANG, EILEEN 4729 LARKRIDGE RD CIR SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, CHRISTY 2327 BAY ST SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACKSON, ERIC 2305 POPE RD BRADENTON, FL 34211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/07/05-80057-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Sue Ann Berger* **Sue Ann Berger**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-5-05* **3-5-05** *941-746-4343* **941-746-4343**

Date

Daytime Phone #