2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N03000002770

1. Entity Name
INMATES OF THE CROSS MINISTRIES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
3225 AVALON RD WINTER GARDEN, FL 34787	3225 AVALON RD WINTER GARDEN, FL 34787

DO NOT WRITE IN THIS SPACE

01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number
02-0673534
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REID, DENNIS E
3225 AVALON RD
WINTER GARDEN, FL 34787

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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: Dennis Reid DENNIS REID 3/9/04
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, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	REID, DENNIS
STREET ADDRESS	3225 AVALON RD
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	D
NAME	REID, JOAN
STREET ADDRESS	3225 AVALON RD
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	D
NAME	HUGHES, MOSES
STREET ADDRESS	2417 S ST
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/11/04-80051-017 61.25

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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: Dennis Reid 3/9/04 407-656-9493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DENNIS REID