


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90216 014 \*\*\*\*61.25

<b>DOCUMENT # N03000002770</b> 1. Entity Name <b>INMATES OF THE CROSS MINISTRIES INTERNATIONAL, INC.</b>					
Principal Place of Business <b>3225 AVALON RD WINTER GARDEN FL 34787</b>			Mailing Address <b>3225 AVALON RD WINTER GARDEN FL 34787</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 770694</b> Suite, Apt. #, etc.			
City & State <b>Winter GARDEN, FLORIDA</b>		City & State <b>Winter GARDEN, FLORIDA</b>		4. FEI Number <b>02-0673534</b>	
Zip <b>34777</b>		Country <b>34777</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REID, DENNIS E 3225 AVALON RD WINTER GARDEN FL 34787</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REID, DENNIS</b> <b>3225 AVALON RD</b> <b>WINTER GARDEN FL 34787</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DENNIS E. REID</b> <b>3225 AVALON RD.</b> <b>WINTER GARDEN, FL 34787</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REID, JOAN</b> <b>3225 AVALON RD</b> <b>WINTER GARDEN FL 34787</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>JOAN S. REID</b> <b>3225 AVALON RD.</b> <b>WINTER GARDEN, FL 34787</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUGHES, MOSES</b> <b>2417 S ST</b> <b>LEESBURG FL 34748</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHAPLAIN BERNARD FLECKS</b> <b>13201 GLACIER NATIONAL DR. APT. 4206</b> <b>ORLANDO, FLORIDA 32837</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EVANGELIST VERNIA FLECKS</b> <b>13201 GLACIER NATIONAL DR.</b> <b>ORLANDO, FLORIDA 32837</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REV. RICHARD JACKS</b> <b>3223 EVERETT ST.</b> <b>APOPKA, FLORIDA 32703</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REV. MARY ELIZABETH JACKS</b> <b>3223 EVERETT ST.</b> <b>APOPKA, FLORIDA 32703</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Dennis E. Reid</i>			4/25/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Daytime Phone #			407-656-9493 407-948-8320		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <sup>ATTACHMENT</sup>

☐ CHANGE ☒ ADDITION

TITLE - D

NAME — PASTOR OCTAVIO RODRIGUEZ

14007607

#N 0300000 2770

STREET ADDRESS — 7302 VICTORIA CIRCLE

CITY-ST-ZIP — ORLANDO, FLORIDA 32835

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