

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

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000002770

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



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

Mailing Address
**P O BOX 770694
WINTER GARDEN, FL 34777**



04122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME REID, DENNIS
STREET ADDRESS 3225 AVALON RD
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE V
NAME REID, JOAN
STREET ADDRESS 3225 AVALON RD
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE D
NAME FLEEK, CHAPLAIN B
STREET ADDRESS 13201 GLACIER NATIONAL DRIVE, APT 4206
CITY-ST-ZIP ORLANDO, FL 32837

TITLE D
NAME FLEEK, EVANGELIST V
STREET ADDRESS 13201 GLACIER NATIONAL DRIVE, APT 4206
CITY-ST-ZIP ORLANDO, FL 32837

TITLE D
NAME JACKS, RICHARD REV
STREET ADDRESS 3223 EVERETT ST
CITY-ST-ZIP APOPKA, FL 32703

TITLE D
NAME JACKS, MARY ELIZABETH REV
STREET ADDRESS 3223 EVERETT ST
CITY-ST-ZIP APOPKA, FL 32703

U00000502609
04/28/06-80010-015 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #