


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90031 002 ****61.25

DOCUMENT # N04000009838			
1. Entity Name RON THOMPSON JAIL & PRISON MINISTRY, INC.			
Principal Place of Business 7259 JONQUIL DRIVE ORLANDO, FL 32818		Mailing Address 7259 JONQUIL DRIVE ORLANDO, FL 32818	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THOMPSON, RONALD G 7259 JONQUIL DRIVE ORLANDO, FL 32818		Name <u>Thompson, Dorothy J.</u> Street Address (P.O. Box Number is Not Acceptable) <u>7259 Jonquil Drive</u> City <u>Orlando</u> FL Zip Code <u>32818</u>	
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 <u>Dorothy J. Thompson, President</u> Signature, typed or printed name of registered agent and title (applicable)		Dorothy J. Thompson 4/19/08 (NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, RON 7259 JONQUIL DRIVE ORLANDO, FL 32818 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Thompson, Dorothy J. 7259 Jonquil Drive Orlando, FL 32818 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUANDT, DEAN 11600 GRACE LANE CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, EDWARD 2679 PINE SHADOW LANE CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12832 Owasso Lane <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREE, TERRY 4233 ECONLOCKHATCHEE TRAIL ORLANDO, FL 32817 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thompson, Lynne H. 7259 Jonquil Dr. Orlando, FL 32818 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARLEY, ROBERT 14936 TULLAMORE LOOP WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mary Ann Cree 1233 Americana Place Orlando, FL 32807 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, DOROTHY J 7259 JONQUIL DR ORLANDO, FL 32818 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Cree, Terry 1233 Americana Place Orlando, FL 32807 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Dorothy J. Thompson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Dorothy J. Thompson 4/19/08 407-877-5010 Date Daytime Phone #	

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04192008 Chg-NP CR2E037 (12/06)

4. FEI Number
30-0228582 Applied For
Not Applicable

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

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