

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009838

FILED
Apr 23, 2009
Secretary of State

Entity Name: RON THOMPSON JAIL & PRISON MINISTRY, INC.

Current Principal Place of Business:

7259 JONQUIL DRIVE
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

7259 JONQUIL DRIVE
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 30-0228582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, DOROTHY J
7259 JONQUIL DRIVE
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMPSON, DOROTHY J
Address: 7259 JONQUIL DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: QUANDT, DEAN
Address: 11600 GRACE LANE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: HENDERSON, EDWARD
Address: 12832 OWASSO LANE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: THOMPSON, LYNNE H
Address: 7259 JONQUIL DR
City-St-Zip: ORLANDO, FL 32818

Title: T () Delete
Name: HARLEY, ROBERT
Address: 14936 TULLAMORE LOOP
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP () Delete
Name: CREE, TERRY
Address: 1233 AMERICANA PLACE
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HENDERSON, EDWARD
Address: 4727 WALDEN CIRCLE, APT. 154
City-St-Zip: ORLANDO, FL 32811

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY J. THOMPSON

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date