


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90361 044 ****61.25

DOCUMENT # N15486 1. Entity Name INMATE ENCOUNTER, INC.					
Principal Place of Business 849 MELLOWOOD AVENUE P.O. BOX 677338 ORLANDO, FL 32867-7338 US			Mailing Address PO BOX 677338 ORLANDO, FL 32867-7338 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2703675	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MASSEBEAU, THOMAS C P/D 794 TIMOTHY ST ORMOND BEACH, FL 32174				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	D HANSEN, JAMES N 1008 HOWELL BRANCH ROAD WINTER PARK, FL 32789 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HANSEN, James N. 465 MAITLAND AVENUE ALTA MONTE SPRINGS, FL 32701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACER, DONALD W JR 881 N BEACH STREET ORMOND BEACH, FL 32174 <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	VD BUCHMAN, WILLIAM C 2781 PALM DR. NE. PALM BAY, FL 32905 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Buchman, William C. 2601 OKLAHOMA STREET MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENTRY, CHARLES J 9348 RAVEN DELL STREET ORLANDO, FL 32825 <input checked="" 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	PD MASSEBEAU, THOMAS C 794 TIMOTHY ST ORMOND BEACH, FL 32174 <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	TSD VAUGHAN, LESLIE C JR 3144 MCEWAN VIEW CIRCLE ORLANDO, FL 32812 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/15/06 Daytime Phone # 407629 0317		

ATTACHMENT

40050431

#N15486

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORTINMATE ENCOUNTER, INC. FEI NO. 59-2703675
P. O. BOX 677338
ORLANDO, FL 32867-7338TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPD
BUCHMAN, LAURIE
2601 OKLAHOMA STREET
MELBOURNE, FL 32904TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPVD
FRIENDS, LAVERNE W.
849 MELLOWOOD AVENUE
ORLANDO, FL 32825TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPD
FRIENDS, CAROLYN J.
849 MELLOWOOD AVENUE
ORLANDO, FL 32825TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPD
LAWS, GEORGE W.
2010 SPIRIT LAKE ROAD
WINTER HAVEN, FL 33880-1540TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPD
MCGRANE, MARK
2001 N. BEACH STREET
ORMOND BEACH, FL 32174TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPD
PAQUETTE, ALAN
1602 GEORGIA BLVD
ORLANDO, FL 32803TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPD
SMITH, JEANNE
10611 LIPPIZAN AVENUE
FORT MYERS, FL 33913TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPD
SMITH, WILLIAM
10611 LIPPIZAN AVENUE
FORT MYERS, FL 33913TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPD
SPEARS, MARK K.
5830 MARVINS PLACE
GROVELAND, FL 34736