

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90010 045 ****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**

401080000



04242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2703675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MASSEBEAU, THOMAS C P/D
794 TIMOTHY ST
ORMOND BEACH, FL 32174**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HANSEN, JAMES N
465 MAITLAND AVE
ALTAMONTE SPRINGS, FL 32701**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ACER, DONALD W JR
881 N BEACH STREET
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BUCHMAN, WILLIAM C
2601 OKLAHOMA ST
MELBOURNE, FL 32904**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MASSEBEAU, THOMAS C
794 TIMOTHY ST
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TSD
VAUGHAN, LESLIE C JR
3144 MCEWAN VIEW CIRCLE
ORLANDO, FL 32812**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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 #

LaVerne W. Friends 4/24/2007 407-273-6199

ATTACHMENT 40108006

Attachment to 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT
DOCUMENT #N15486

VP/D

LaVerne W. Friends
849 Mellowood Avenue
Orlando, FL 32825-8086

D

Henry Brown
723 Jordan Avenue
Orlando, FL 32809

D

Laurie Buchman
2601 Oklahoma Street
Melbourne, FL 32904

D

George W. Laws
2010 Spirit Lake Road
Winter Haven, FL 33880-1540

D

Mark McGrane
2001 N. Beach Street
Ormond Beach, FL 32174-2707

D

Alan Paquette
1602 Georgia Blvd.
Orlando, FL 32803

D

Jeanne Smith
27313 Rue De Paix
Bonita Springs, FL 34135

D

William Smith
27313 Rue De Paix
Bonita Springs, FL 34135

D

Mark K. Spears
5830 Marvins Place
Groveland, FL 34736

D

Carolyn J. Friends
849 Mellowood Avenue
Orlando, FL 32825-8086