

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15486

FILED
Mar 29, 2009
Secretary of State

Entity Name: INMATE ENCOUNTER, INC.

Current Principal Place of Business:

849 MELLOWOOD AVENUE
ORLANDO, FL 32825 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 677338
ORLANDO, FL 328677338 US

New Mailing Address:

FEI Number: 59-2703675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASSEBEAU, THOMAS C P/D
794 TIMOTHY ST
ORMOND BEACH, FL 32174 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: D () Delete
Name: HANSEN, JAMES N
Address: 465 MAITLAND AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: ACER, DONALD W JR
Address: 881 N BEACH STREET
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D () Delete
Name: BUCHMAN, WILLIAM C
Address: 2601 OKLAHOMA ST
City-St-Zip: MELBOURNE, FL 32904 US

Title: PD () Delete
Name: MASSEBEAU, THOMAS C
Address: 794 TIMOTHY ST
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D () Delete
Name: PAQUETTE, SHARON
Address: 1602 GEORGIA BLVD
City-St-Zip: ORLANDO, FL 32803 US

Title: D () Delete
Name: BUCHMAN, LAURIE
Address: 2601 OKLAHOMA STREET
City-St-Zip: MELBOURNE, FL 32904 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D/T (X) Change () Addition
Name: FRIENDS, LA VERNE W
Address: 849 MELLOWOOD AVENUE
City-St-Zip: ORLANDO, FL 32825 US

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

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

Title: D/V/P (X) Change () Addition
Name: LAWS, GEORGE W
Address: 2010 SPIRIT LAKE ROAD
City-St-Zip: WINTER HAVEN, FL 33880 US

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: THOMAS C. MASSEBEAU

P/D

03/29/2009

Electronic Signature of Signing Officer or Director

Date