

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90096 017 ****61.25

DOCUMENT # N22458

1. Entity Name

LEE COUNTY JAIL MINISTRIES, INC.

Principal Place of Business

Mailing Address

% GERALD S. CAMP
 1531 MORENO AVENUE
 FORT MYERS FL 33901

% GERALD S. CAMP
 1531 MORENO AVENUE
 FORT MYERS FL 33901

2. Principal Place of Business

9930-5 SAILVIEW CT.

3. Mailing Address

9930-5 SAILVIEW CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS FL

City & State

FORT MYERS FL

4. FEI Number

59-2851917

Applied For

Not Applicable

Zip

Country

33905-5341 LEE

Zip

Country

33905-5341 LEE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMP, GERALD S.
 1531 MORENO AVENUE
 FORT MYERS FL 33901**

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.

SIGNATURE

Gerald S. Camp

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/01

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMP, GERALD S.	
STREET ADDRESS	1531 MORENO AVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GREG, COLLINS	
STREET ADDRESS	960 PONDELLA ROAD	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PECK, JUDITH M.	
STREET ADDRESS	2037 MARAVILLA LANE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JANSON, CHARLENE M.	
STREET ADDRESS	2071 BAYSIDE PKWY.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Gerald S. Camp* **REQUIRED**

4/30/01 941-4771766

CR2E037 (10/00)