

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22458

1. Entity Name

LEE COUNTY JAIL MINISTRIES, INC.

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

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

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

9930-5 SAILVIEW CT.

Suite, Apt. #, etc.

3. Mailing Address

9930-5 SAILVIEW CT.

Suite, Apt. #, etc.

City & State

FORT MYERS FL

Zip

33905-5341

Country

LEE

City & State

FORT MYERS FL

Zip

33905-5341

Country

LEE

4. FEI Number

59-2851917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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)

DATE

4/30/01

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

TITLE PD ☐ Delete
 NAME CAMP, GERALD S.
 STREET ADDRESS 1531 MORENO AVE
 CITY-ST-ZIP FT. MYERS FL

TITLE VD ☐ Delete
 NAME GREG, COLLINS
 STREET ADDRESS 960 PONDELLA ROAD
 CITY-ST-ZIP N. FT. MYERS FL

TITLE TD ☐ Delete
 NAME PECK, JUDITH M.
 STREET ADDRESS 2037 MARAVILLA LANE
 CITY-ST-ZIP FT MYERS FL

TITLE SD ☐ Delete
 NAME JANSON, CHARLENE M.
 STREET ADDRESS 2071 BAYSIDE PKWY.
 CITY-ST-ZIP FT. MYERS FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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*

4/30/01 941-4771766

CR2E037 (10/00)