

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM****Secretary of State****DOCUMENT # N36046**

1. Entity Name

OSCEOLA COUNTY JAIL MINISTRIES, INC.

Principal Place of Business

% NANCY Y. SMITH
1201 W. EMMETT ST.
KISSIMMEE
34741

FL

Mailing Address

% NANCY Y. SMITH
1201 W. EMMETT ST.
KISSIMMEE
34741

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2649721

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, NANCY Y.
1201 W. EMMETT ST.KISSIMMEE FL
34741 US

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

04/29/2001

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

(NOTE: Registered Agent signature required when reinstalling)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
M	HORTON DAN	1020 KENTUCKY AVE	SAINT CLOUD FL 34769				
ST	FOX JIM	93 LAKEVIEW DRIVE	SAINT CLOUD FL 34769				
STD	GEIER JR. LLOYD E.	27 WESTCHESTER DRIVE	KISSIMMEE FL				
VD	SCHULTZE DELL	4225 W VISTA CT	KISSIMMEE FL 34758				
D	PLETT LESLIE	108 S FORREST AVE	KISSIMMEE FL 34741				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

PLETT, LESLIE

D

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)