

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36046

FILED
Apr 28, 2004
Secretary of State

Entity Name: OSCEOLA COUNTY JAIL MINISTRIES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2649721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, NANCY Y.
1201 W. EMMETT ST.
KISSIMMEE, FL 34741 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: PLETT, LESLIE
Address: 6 WISCONSIN, AVE
City-St-Zip: ST CLOUD, FL 34769

Title: ST () Delete
Name: SCHULTZE, DELL
Address: 4225 W VISTA CT
City-St-Zip: KISSIMMEE, FL 34758

Title: BM () Delete
Name: LOPEZ, PABLO A
Address: 707 HAMSTER WAY
City-St-Zip: KISSIMMEE, FL 34759

Title: VD () Delete
Name: FOX, JIM
Address: 93 LAKEVIEW DRIVE
City-St-Zip: SAINT CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LESLIE P. PLETT

D

04/28/2004

Electronic Signature of Signing Officer or Director

Date