

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36046

FILED
May 04, 2006
Secretary of State

Entity Name: OSCEOLA COUNTY JAIL MINISTRIES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

% NANCY Y. SMITH
917 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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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 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: LESLIE P. PLETT

D

05/04/2006

Electronic Signature of Signing Officer or Director

Date