

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36046

FILED  
Apr 29, 2009  
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 ( )

## Name and Address of Current Registered Agent:

SMITH, NANCY Y.  
917 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: BM ( ) Delete  
Name: SCHULTZE, DELL  
Address: 4225 W VISTA CT  
City-St-Zip: KISSIMMEE, FL 34758

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

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

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 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

04/29/2009

Electronic Signature of Signing Officer or Director

Date