FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

t .	NNUAL REPORT 1998 Secretary of State DIVISION OF CORPORA								Secretary of State					
DOCU I. Corporatio WILSO	n Name	# N940 PRISON MINIS		4962 ((3)									
Principal Place of Business Mailing Address														
2406 E NORTH BAY 2406 E NORTH BAY TAMPA FL 33610 TAMPA FL 33610									3. Date incorporated or C	rualified				
								ŀ	10/05/1994 4. FEI Number			TA	pplied For	\dashv
									NOT APPLICA	BLE			ot Applice	
2. Principal Place of Business 2a. Mailing Address 21									5. Certificate of Status De	sired		•	Additional equired	'
Suite, Apt. #, etc. Suite, Apt. #, etc.									6. Election Campaign Fin	_		\$5.00	May Be	
22 27								- 	 Trust Fund Contribution Is this nonprofit corpor. 			Added to association		
23			28) No		_
Zip 24	Country Zip			30 Co	Country			This corporation owes Personal Property Tax :				tangible No	-	
241	9. Name	and Address of Cu	29 Prent Regist	ered Agent	[30]	γ-			10. Name and Address of				140	\dashv
			<u>-</u>			81	Name							
WILSON, COLMON 82 2408 E NORTH BAY							Street A	Address	(P.O. Box Number Is Not	Acceptable)			
	NUNIN DA FL 336 10	ı				83								\dashv
178711751	1 4 000 10					84	City					les 7in	Code	
						Ιīi					FL	1 1		
11. Pursuant office or ragent. I a	to the provis registered ag am familiar wi	ions of Sections 617 ent, or both, in the 5 th, and accept the o	.0502 and 61 itate of Florid bligations of,	17.1508, Florida Sta la. Such change wa , Section 617.0503,	itutes, the a as authorize Florida Sta	bove d by tutes	e-named of the corp i.	corpore coration	ation submits this statement's board of directors. I here	for the puby accept	rpose of the appo	changing i intment as	te register registere	d d
SIGNATURE	Stoneture buned	or printed name of registers	of scent and title i	f anniloshia (I	NOTE: Declares	d Ann	ol signature	required u	hen reinstating)		DATE			_ I _
12.	39 434, ij)40		AND DIREC		13.		THE OWNER OF THE OWNER OWNE	TEQUIDO T	ADDITIONS/CHANGES	O OFFICE		DIRECTOR	RS IN 12	 ₽
TITLE	D			DELETE	1.1 T	TLE						Change	Addi	tion
NAME		, JESSIE M EVAN			1.2 N	AME	ŀ							3
STREET ADORESS		ST NORTHBAY			1.3 \$	TREET	ADDRESS							Ş
CITY-ST-ZIP		FL 33610		T or ere		TY-S	T-ZIP					-		وَ اِسِ
TITLE ,	AD	. GERALD		☐ DELETE	2.1 TO		i				·	Change	☐ Addi	lion
NAME		ST NORTHBAY			2.2 N									
STREET ADDRESS CITY-ST-ZIP		FL 33610			1		ADDRESS	}						1
TITLE	T	E 00010	,	DELETE	3.1 7		ST-ZIP					Change	L Addi	tion
NAME	WILSON	COLMON SR			3.2 N		1							
STREET ADDRESS	1 a.a	NORTH BAY ST.					ADDRESS							ľ
CITY-ST-ZW		FL 33610					T-ZIP							1
TITLE				DELETE	4.1 7	_						Change	Addi	lion
NAME	}				4.21	MME	ſ							}
STREET ADDRESS					4.3 \$	TREET	ADDRESS							
CITY-ST-ZIP					4.4 C	TY-S	T-ZIP							
TITLE				DELETE	5.1 Ti		- 1				I	Change	Addi	tion
NAME					5.2 N		ļ							
STREET ADDRESS	1				5.3 S	TREET	ADDRESS							

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 is required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

Change

Addition

FILED

Apr 15 1998 8:00am