

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005598

1. Entity Name

INTERNATIONAL JAIL AND PRISON MINISTRIES FOR THE

Principal Place of Business

10958 LANESBORO CT
ORLANDO FL 32825

Mailing Address

10958 LANESBORO CT
ORLANDO FL 32825

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

59-3453807

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, ADA RUTH
10958 LANESBORO CT
ORLANDO FL 32825

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

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
T NORMAN, JACK
306 WILD OLIVE LANE
LONGWOOD FL 23779

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
T WILLIAMS, ADA R
10958 LANESBORO CT
ORLANDO FL 32825

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
T WILLIAMS, ROBERT M
10958 LANESBORO CT
ORLANDO FL 32825

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert M. Williams 03-20-01 407 273-2076
Date Daytime Phone #

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90027 030 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

attachment
D# W9700005598

From: International Jail & Prison Ministry
For The Hurting Mother & Their Children
To: Department Of ~~Agribusiness~~ State
Re: Additional To Item # 11 (Officers)
Date: Mar. 20, 2001

Dear Sir or Madam:

Please add the following officers to our ministry

Ms. Debra Williams- Finance Director (T) 407-295-5932
Pine Community Church
1305 N. Pine Hills Rd.
Orlando, Fl. 32808

Mrs. Sandra Cohen- Program Director (T) 407-295-5932
Pine Hills Community Church
1305 N. Pine Hills Rd.
Orlando, Fl. 32808

Ms. Mary Foster- Community Relations (T) 407-422-1373
1418 N. Westmoreland St.
Orlando, Fl. 32804

Sincerely,


Ada R. Williams
President