


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000005598					
1. Entity Name INTERNATIONAL JAIL AND PRISON MINISTRIES FOR THE HURTING MOTHERS AND THEIR CHILDREN, INC.					
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 <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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		
			<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Ada R. Williams</i>		(NOTE: Registered Agent signature required when reinstating)		DATE 2-19-05	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORMAN, JACK		NAME	U000000240366	
STREET ADDRESS	306 WILD OLIVE LANE		STREET ADDRESS	02/23/05-80027-023 61.25	
CITY- ST- ZIP	LONGWOOD FL 23779		CITY- ST- ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, ADA R		NAME		
STREET ADDRESS	10958 LANESBORO CT		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO FL 32825		CITY- ST- ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, ROBERT M		NAME		
STREET ADDRESS	10958 LANESBORO CT		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO FL 32825		CITY- ST- ZIP		
TITLE	FS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, DEBRA		NAME		
STREET ADDRESS	1305 N. PINE HILLS RD		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO FL 32808		CITY- ST- ZIP		
TITLE	PC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COHEN, SANDRA		NAME		
STREET ADDRESS	1305 N. PINE HILLS RD.		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO FL 32808		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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: <i>Ada R. Williams</i>		DATE 2-19-05		DAYTIME PHONE # 407-207-6827	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					