

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 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**



02232008 No Chg-NP

CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

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

**WILLIAMS, ADA RUTH
10958 LANESBORO CT
ORLANDO, FL 32825**

**DO NOT WRITE
IN THIS SPACE**

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

Ada Ruth Williams

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-28-08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
NORMAN, JACK
306 WILD OLIVE LANE
LONGWOOD, FL 23779**

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**FS
WILLIAMS, DEBRA
1305 N. PINE HILLS RD
ORLANDO, FL 32808**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PC
WILLIAMS, CASANDRA
1305 N. PINE HILLS RD.
ORLANDO, FL 32808**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Ada Ruth Williams

Ada Ruth Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/29/08

Daytime Phone #

407 273 2076