

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005598

FILED
Feb 12, 2009
Secretary of State

Entity Name: INTERNATIONAL JAIL AND PRISON MINISTRIES FOR THE HURTING MOTHERS AND THEIR CHILDREN, INC.

Current Principal Place of Business:

10958 LANESBORO CT
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

10958 LANESBORO CT
ORLANDO, FL 32825

New Mailing Address:

FEI Number: 59-3453807 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAMS, ADA RUTH
10958 LANESBORO CT
ORLANDO, FL 32825 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: T () Delete
Name: NORMAN, JACK
Address: 306 WILD OLIVE LANE
City-St-Zip: LONGWOOD, FL 23779

Title: T () Delete
Name: WILLIAMS, ADA R
Address: 10958 LANESBORO CT
City-St-Zip: ORLANDO, FL 32825

Title: T () Delete
Name: WILLIAMS, ROBERT M
Address: 10958 LANESBORO CT
City-St-Zip: ORLANDO, FL 32825

Title: FS () Delete
Name: WILLIAMS, DEBRA
Address: 1305 N. PINE HILLS RD
City-St-Zip: ORLANDO, FL 32808

Title: PC () Delete
Name: WILLIAMS, CASANDRA
Address: 1305 N. PINE HILLS RD.
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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: ADA RUTH WILLIAMS

MRS.

02/12/2009

Electronic Signature of Signing Officer or Director

Date