

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008255

**Entity Name:** JAIL MINISTRIES & OUTREACHES, INC.

**Current Principal Place of Business:**

101 LISA ANN TRAIL  
PALATKA, FL 32178

**Current Mailing Address:**

POST OFFICE BOX 1014  
PALATKA, FL 32178

**FEI Number:** 65-1162175

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILLIAMS, JAMES P  
101 LISA ANN TRAIL  
PALATKA, FL 32178 US

*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

**Officer/Director Detail :**

Title	PD	Title	SECRETARY
Name	WILLIAMS, JAMES P	Name	WILLIAMS, PATRICIA A
Address	101 LISA ANN TRAIL	Address	101 LISA ANN TRAIL
City-State-Zip:	PALATKA FL 32177	City-State-Zip:	PALATKA FL 32178

*I hereby 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 all other like empowered.*

**SIGNATURE:** JAMES P WILLIAMS

**PRESIDENT**

**04/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date