

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 02, 2001 8:00 am
Secretary of State

02-06-2001 90046 030 ****61.25

DOCUMENT # 741599

1. Entity Name

REFUGE HOUSE, INC.

Principal Place of Business

P O BOX 20910
TALLAHASSEE FL 32316
US

Mailing Address

P O BOX 20910
TALLAHASSEE FL 32316
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1869324**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OTTE, KELLY
5747 DOONESBURY WAY 1075 Alameda Drive
TALLAHASSEE FL 32303 32311

7. Name and Address of New Registered Agent

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, or both, as 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

TITLE	PD	☒ Delete
NAME	CAMPBELL, MURDINA,	
STREET ADDRESS	1917 KAREN LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	VD	☒ Delete
NAME	KIMBALL, JEANNE	
STREET ADDRESS	300 S ADAMS ST., HUMAN RESOURCES DEPT.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	SD	☒ Delete
NAME	MEEHAN, SHEILA	
STREET ADDRESS	315 SOUTH CALHOUN STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	T	☒ Delete
NAME	RUSH, MACK	
STREET ADDRESS	1902 TYTY CT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	Director	☐ Change ☒ Addition
NAME	Guy Sandy Burnette		
STREET ADDRESS	3520 Thomasville Rd		
CITY-ST-ZIP	Tallahassee, FL 32308		
TITLE	1st VP	Director	☐ Change ☒ Addition
NAME	Jama Kinser-Manning		
STREET ADDRESS	1113 Winfred Drive		
CITY-ST-ZIP	Tallahassee, FL 32308		
TITLE	2nd VP	Director	☐ Change ☒ Addition
NAME	Kathy Haley		
STREET ADDRESS	27 Bridgegate Court		
CITY-ST-ZIP	Tallahassee, FL 32327		
TITLE	secretary	Director	☐ Change ☒ Addition
NAME	Nikki Beare		
STREET ADDRESS	7858 Havana Hwy		
CITY-ST-ZIP	Tallahassee, FL 32333		
TITLE	Director		☒ Change ☐ Addition
NAME	Jeane Kimball		
STREET ADDRESS	2761 Shiloh way		
CITY-ST-ZIP	Tallahassee, FL 32308		
TITLE			☐ Change ☐ Addition
NAME			
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:

Kelly Otte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)