2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State
02-04-2002 90119 040 ****61.25

0083914

DOCUMENT # 741599

1. Entity Name

REFUGE HOUSE, INC.

Principal Place of Business	Mailing Address
ROOM 164 LEON COUNTY COURTHOUSE TALLAHASSEE FL 32316-0910 US	ROOM 164 LEON COUNTY COURTHOUSE TALLAHASSEE FL 32316-0910 US

DO NOT WRITE IN THIS SPACE

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 59-1869324 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OTTE, KELLY
~~1075 ALAMEDA DR~~
TALLAHASSEE FL ~~32311~~

7. Name and Address of New Registered Agent

Name Otte, Kelly

Street Address (P.O. Box Number is Not Acceptable) Room 164, Leon County Courthouse

City Tallahassee FL Zip Code 32316

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 Kelly Otte Kelly Otte Executive Director 1/8/02
Signature, typed or printed name of registered agent and title if 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BURNETTE, GUY SANDY 3520 THOMASVILLE RD TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Bye, Kathy 3956 Bobbin Brook Circle Tallahassee, FL 32312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPD KINSER-MANNING, JAMA 1113 WINFRED DR TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Winders, Linda 3219 Foley Drive Tallahassee, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPD HALEY, KATHY 27 BRIDGEGATE COURT TALLAHASSEE FL 32327	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BEARE, NIKKI 7858 HAVANA HWY HAVANA FL 32333	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP Beare, Nikki 7858 Havana Highway Tallahassee, FL 32333	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIMBALL, JEANNE 2741 SHILOH WAY TALLAHASSEE FL 32308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED 1/8/02 (850) 922-6062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #