

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000006727**

1. Entity Name  
CITY OF REFUGE COMMUNITY DEVELOPMENT  
CENTER, INC.



Principal Place of Business  
1040 SAWYER STREET  
PENSACOLA, FL 32534

Mailing Address  
1040 SAWYER STREET  
PENSACOLA, FL 32534



01282004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
52-2376050

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BOLDEN, JEFFERY III  
1040 SAWYER STREET  
PENSACOLA, FL 32534

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

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	PD BOLDEN, JEFFERY III 1040 SAWYER STREET PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HARRIS, BARBARA 1040 SAWYER STREET PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GRANDISON, JOHN C 1040 SAWYER STREET PENSACOLA, FL 32534
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000162890  
06/28/04-80001-010 61.25

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IN THIS SPACE**

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: Barbara J. Harris  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-04 (850)-476-7925  
Date Daytime Phone #