


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jul 14 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000003820 (4)**  
1. Corporation Name  
**THE CITY OF REFUGE CHURCH, INC.**



Principal Place of Business <b>9431 SE MARICAMP ROAD OCALA FL 34472</b>	Mailing Address <b>9431 SE MARICAMP ROAD OCALA FL 34472</b>
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3. Date Incorporated or Qualified  
**07/03/1997**

4. FEI Number <b>59-2848700</b>	Applied For <input type="checkbox"/> Not Applicable
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21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**THOMAS, RUTH  
204 OAK CIRCLE  
OCALA FL 34472**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State <b>FL</b>
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>SECRETARY</b>	<input type="checkbox"/> DELETE
NAME	<b>LORRAINE THOMAS</b>	<b>T</b>
STREET ADDRESS	<b>9080 SE 80th ST.</b>	
CITY-ST-ZIP	<b>OCALA FL 34472</b>	
TITLE	<b>BOARD MEMBER / Minister</b>	<input type="checkbox"/> DELETE
NAME	<b>William J. Douley</b>	<b>T</b>
STREET ADDRESS	<b>96 Pine course</b>	
CITY-ST-ZIP	<b>OCALA FL 34472</b>	
TITLE	<b>BOARD member / Deacon</b>	<input type="checkbox"/> DELETE
NAME	<b>Vivian Cole</b>	<b>T</b>
STREET ADDRESS	<b>476 Comfort Drive</b>	
CITY-ST-ZIP	<b>APOPKA FL 32778</b>	
TITLE	<b>DIRECTOR SUNDAY SCHOOL / Lib</b>	<input type="checkbox"/> DELETE
NAME	<b>Jeanette THOMPSON</b>	<b>D</b>
STREET ADDRESS	<b>8350 SW 5th ST.</b>	
CITY-ST-ZIP	<b>OCALA FL 34473</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>800002588708</b>
6.3 STREET ADDRESS	<b>-07/14/98--01078--019</b>
6.4 CITY-ST-ZIP	<b>***61.25</b>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E037 (10/97)

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