2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
04-11-2000 90163 001 ****20.00
04-11-2000 90163 002 ****41.25

DOCUMENT # N99000003146

1. Entity Name

THE RESTORATION AND REFUGE OUTREACH CENTER INC.

Principal Place of Business	Mailing Address
226 CARVER BLVD. SOUTH TALLAHASSEE FL 32310	226 CARVER BLVD. SOUTH TALLAHASSEE FL 32310-7106

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
226 Carver Blvd., So. TLH, FL Suite, Apt. #, etc.	226 Carver Blvd., So., TLHFL Suite, Apt. #, etc.
City & State: Tallahassee, FL Zip: 32310 Country: ~~USA~~	City & State: Tallahassee, FL Zip: 32310 Country: USA

4. FEI Number: 59-3610799 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HALL, ERNESTINE W
226 CARVER BLVD. SOUTH
TALLAHASSEE FL 32310

7. Name and Address of New Registered Agent

Name: Hall, Ernestine W
Street Address (P.O. Box Number is Not Acceptable): 226 Carver Blvd., South
Tallahassee, FL 32310
City: Tallahassee FL Zip Code: 32310

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: Ernestine W. Hall 3/22/2000
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	Secretary/Treasurer Felicia Merston Brown 3024 Shelfer Road - Briarwood Tallahassee, FL 32310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer/Assistant Evelyn Sellars 1665 Canyon Creek LN Tallahassee, FL 32310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Founder/Director Ernestine W. Hall 226 Carver Blvd., So. Tallahassee, FL 32310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant to Founder Ernestine Screen 2005 Karen Lane Tallahassee, FL 32304	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: SIG Ernestine W. Hall 3/22/2000 671-4426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #