2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State
04-28-2001 90087 037 ****61.25

0014461

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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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	226 Hazelwood Rd. Suite, Apt. #, etc.
City & State	City & State: Tallahassee, FL
Zip / Country	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	7. Name and Address of New Registered Agent
HALL, ERNESTINE W 226 CARVER BLVD. SOUTH TALLAHASSEE FL 32310	Name Street Address (P.O. Box Number is Not Acceptable): 226 Hazelwood Rd 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 _____
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	ST BROWN, FELICIA M 3021 SHELFER ROAD BRIARWOOD TALLAHASSEE FL 32310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TA SELLARS, EVELYN 1665 CANYON CREEK LANE TALLAHASSEE FL 32310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FD HALL, ERNESTINE W 226 CARVER ROAD TALLAHASSEE FL 32310	☐ 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
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CR2E037 (10/00)

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: Ernestine W. Hall Ernestine W. Hall 4/17/01 850-671-4426
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #