FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 MAY 21 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 99000003146

1. Entity Name The Restoration and Refuge Outreach Center Incorporation

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
226 Hazelwood Rd	226 Hazelwood Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32305 Country: USA	Zip: 32305 Country: USA

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ernestine Wiggins

Street Address (P.O. Box Number is Not Acceptable): 226 Hazelwood Rd.,

City: Tallahassee FL Zip Code: 32305

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 Wiggins 5/21/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D NAME Ernestine Wiggins STREET ADDRESS 226 Hazelwood Rd CITY-ST-ZIP Tallahassee, FL 32304	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Felicia Green (Brown) STREET ADDRESS 4495 Shelfer Rd Apt 307 CITY-ST-ZIP Tallahassee, FL 32310	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Rufus E. Sweeting STREET ADDRESS 226 Hazelwood Rd #B CITY-ST-ZIP Tallahassee, FL 32305	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Evelyn Sellars STREET ADDRESS 1663 Canyon Creek LN CITY-ST-ZIP Tallahassee, FL 32310	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Ernestine Wiggins 5/21/02 850-671-4426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #