2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000003146

1. Entity Name
THE RESTORATION AND REFUGE OUTREACH CENTER INCORPORATION

FILED
04 MAY 28 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
226 HAZELWOOD ROAD TALLAHASSEE, FL 32305	POST OFFICE BOX 5235 TALLAHASSEE, FL 32314

03222003 Chg-NP CR2E037 (10/03) MRS

2. Principal Place of Business	3. Mailing Address
200 HAZELWOOD ROAD	PO BOX 5235
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FL	City & State: TALLAHASSEE FL
Zip: 32305 Country: LEON	Zip: 32314 Country:

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

SWEETING, ERNESTINE W
~~226 HAZELWOOD RD~~
~~TALLAHASSEE, FL 32305~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 200 HAZELWOOD ROAD

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ernestine W. Sweeting Ernestine W. Sweeting 5/28/04
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 September 8, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREEN (BROWN), FELICIA 4495 SHELFER ROAD APT. 307 TALLAHASSEE, FL 32310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800037731428 06/08/04--01005--008 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D 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	D WIGGINS-SWEETING, ERNESTINE 226 HAZELWOOD ROAD TALLAHASSEE, FL 32305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DOS SWEETING, RUFUS POST OFFICE BOX 5235 TALLAHASSEE, FL 32314	☐ 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

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. Sweeting 5/28/04 850-561-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #