2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000003146

1. Entity Name
THE RESTORATION AND REFUGE OUTREACH CENTER INCORPORATION

FILED
05 APR 27 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

04272005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
202 Hazelwood Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee	City & State: FL
Zip: 32305 Country: Leon	Zip: 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	7. Name and Address of New Registered Agent
SWEETING, ERNESTINE W 200 HAZELWOOD ROAD TALLAHASSEE, FL 32305	Name: Sweeting, Ernestine W Street Address (P.O. Box Number is Not Acceptable): 202 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Ernestine N. Sweeting 4/27/05
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 May 1, 2005

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 D NAME: Brown, Felicia STREET ADDRESS: 215 Tropicare CITY-ST-ZIP: Tallahassee, FL 32305	☑ Change ☐ Addition
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 700054205377 05/10/05--01042--012 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WIGGINS-SWEETING, ERNESTINE 226 HAZELWOOD ROAD TALLAHASSEE, FL 32305	☐ Delete	TITLE D NAME: Sweeting, Ernestine Wiggins STREET ADDRESS: 200 Hazelwood Rd CITY-ST-ZIP: Tallahassee, FL 32305	☐ 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 700054205377 05/10/05--01042--013 **8.75	☐ 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 Wiggins Sweeting 4/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #