NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N99000003146

1. Entity Name
The Restoration And Refuge Outreach Center Incorporation

FILED
07 APR 30 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037B (8/05) 07

2. Principal Place of Business	3. Mailing Address
202 Hazelwood Rd Suite, Apt. #, etc.	P.O. Box 5235 Suite, Apt. #, etc.
City & State: Tallahassee FL	City & State: Tallahassee FL
Zip: 32305 Country: USA	Zip: 32314 Country: USA

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

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

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7. Name and Address of Current Registered Agent

Name: Ernestine W. Sweeting

Street Address (P.O. Box Number is Not Acceptable): 200 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: N/A DATE:
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended AR

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Felicia Brown 904 Briandav Tallahassee FL 32305
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pastor Ernestine W. Sweeting 200 Hazelwood Rd Tallahassee FL 32305
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bishop/overseer Rufus E. Sweeting 200 Hazelwood Rd Tallahassee, FL 32305
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100102318421 05/14/07--01013--022 **45.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100102318421 05/14/07--01013--023 **20.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100102318421 05/14/07--01013--024 **5.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ernestine W Sweeting Pastor/Director 4/30/2007 850-561-3900