

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000003146

1. Entity Name
**THE RESTORATION AND REFUGE OUTREACH CENTER
INCORPORATION**



Principal Place of Business
**202 HAZELWOOD ROAD
TALLAHASSEE, FL 32305**

Mailing Address
**POST OFFICE BOX 5235
TALLAHASSEE, FL 32314-5235**

FILED

08 MAR 26 PM 4:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03262008 Chg-NP CR2E037 (12/06)

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
202 HAZELWOOD ROAD
TALLAHASSEE, FL 32305**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
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, 2008**

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 BROWN, FELICIA 904 BRIANDAV TALLAHASSEE, FL 32305 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 500121366725 03/27/08--01002--010 **70.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BO SWEETING, RUFUS 200 HAZELWOOD ROAD TALLAHASSEE, FL 32305 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PAST SWEETING, ERNESTINE W 200 HAZELWOOD RD TALLAHASSEE, FL 32305 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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 exemptions contained in Chapter 119, 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: Pastor Ernestine W. Sweeting **3/26/2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #