


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000006727

1. Entity Name
 CITY OF REFUGE COMMUNITY DEVELOPMENT CENTER, INC.



Principal Place of Business
 1040 SAWYER STREET
 PENSACOLA, FL 32534

Mailing Address
 1040 SAWYER STREET
 PENSACOLA, FL 32534

DO NOT WRITE IN THIS SPACE



01282004 No Chg-NP CR2E037 (10/03)

4. FEI Number 52-2376050	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOLDEN, JEFFERY III
 1040 SAWYER STREET
 PENSACOLA, FL 32534

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOLDEN, JEFFERY III 1040 SAWYER STREET PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRIS, BARBARA 1040 SAWYER STREET PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRANDISON, JOHN C 1040 SAWYER STREET PENSACOLA, FL 32534
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 06/28/04-80001-010 61.25

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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: Barbara J. Harris Date: 6-21-04 (850) 476-7925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #