

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**

05-10-2005 90115 030 \*\*\*\*61.25

**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**



02022005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**52-2376050**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BOLDEN, JEFFERY III  
1040 SAWYER STREET  
PENSACOLA, FL 32534**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BOLDEN, JEFFERY III
STREET ADDRESS	1040 SAWYER STREET
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	SD
NAME	HARRIS, BARBARA
STREET ADDRESS	1040 SAWYER STREET
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	TD
NAME	GRANDISON, JOHN C
STREET ADDRESS	1040 SAWYER STREET
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 1, 2005* *850-476-7225*  
Date Daytime Phone