


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90204 001 ****61.25
 04-07-2006 90204 002 ****8.75

DOCUMENT # N04000007031

1. Entity Name
 CITY OF REFUGE BIBLE CENTER, INC.




Principal Place of Business
 6462 GREENWELL ST
 PENSACOLA, FL 32526

Mailing Address
 6462 GREENWELL ST
 PENSACOLA, FL 32526

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



03292006 Chg-NP CR2E037 (11/05)

4. FEI Number
 27-0019455

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
 6462 GREENWELL ST
 PENSACOLA, FL 32526

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 _____ 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, 2006

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	P	<input type="checkbox"/> Delete
NAME	BOLDEN, JEFFERY III	
STREET ADDRESS	6462 GREENWELL ST	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOLDEN, WANDA F	
STREET ADDRESS	6462 GREENWELL ST	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	FS	<input type="checkbox"/> Delete
NAME	HARRIS, BARBARA	
STREET ADDRESS	6462 GREENWELL ST	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	AT	<input type="checkbox"/> Delete
NAME	JOHNSON, FRANCES	
STREET ADDRESS	6462 GREENWELL ST	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Barbara J. Harris **4-4-06** **(850) 476-7925**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #