


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90023 019 ****70.00

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	
2. Principal Place of Business - No P.O. Box # 614 MUSCOGEE RD Suite, Apt. #, etc.		3. Mailing Address PO BOX 7532 Suite, Apt. #, etc.	
City & State CANTONMENT FL Zip 32533 Country USA		City & State PENSACOLA FL Zip 32534 Country USA	
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		7. Name and Address of New Registered Agent Name: BOLDEN, JEFFERY III Street Address (P.O. Box Number is Not Acceptable): 614 MUSCOGEE RD City: CANTONMENT FL Zip Code: 32533	
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: <u>Jeffery Bolden</u> DATE: <u>2-15-08</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BOLDEN, JEFFERY III	<input type="checkbox"/> Delete	PD BOLDEN, JEFFERY III
NAME	1040 SAWYER STREET		614 MUSCOGEE RD
STREET ADDRESS	PENSACOLA, FL 32534		CANTONMENT FL 32533
CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete	VPD
NAME	HARRIS, BARBARA		WANDA FAYE BOLDEN
STREET ADDRESS	1040 SAWYER STREET		419 MEGAN DR
CITY-ST-ZIP	PENSACOLA, FL 32534		CANTONMENT FL 32533
TITLE		<input type="checkbox"/> Delete	TD
NAME			WANDA FAYE BOLDEN
STREET ADDRESS			419 MEGAN DR
CITY-ST-ZIP			CANTONMENT FL 32533
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
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: <u>Jeffery Bolden</u>		Date: <u>2-15-08</u>	Daytime Phone #: <u>850-944-5711</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>