

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006727

**FILED**  
**Mar 24, 2009**  
**Secretary of State**

**Entity Name:** CITY OF REFUGE COMMUNITY DEVELOPMENT CENTER, INC.

**Current Principal Place of Business:**

614 MUSCOGEE RD  
CANTONMENT, FL 32533

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7532  
PENSACOLA, FL 32534

**New Mailing Address:**

**FEI Number:** 52-2376050      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BOLDEN, JEFFERY III  
614 MUSCOGEE RD  
CANTONMENT, FL 32533      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BOLDEN, JEFFRY III  
Address: 614 MUSCOGEE RD  
City-St-Zip: CANTONMENT, FL 32533

Title: VPD      ( ) Delete  
Name: BOLDEN, WANDA F  
Address: 419 MEGAN DR  
City-St-Zip: CANTONMENT, FL 32533

Title: TD      ( ) Delete  
Name: BOLDEN, WANDA F  
Address: 19 MEGAN DR  
City-St-Zip: CANTONMENT, FL 32533

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD      (X) Change ( ) Addition  
Name: BOLDEN, WANDA F  
Address: 419 MEGAN DR  
City-St-Zip: CANTONMENT, FL 32533

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFERY BOLDEN, III

PD

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date