

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007031

FILED
Mar 24, 2009
Secretary of State

Entity Name: CITY OF REFUGE BIBLE 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: 27-0019455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLDEN, JEFFERY III
6462 GREENWELL ST
PENSACOLA, FL 32526 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: P () Delete
Name: BOLDEN, JEFFERY III
Address: 614 MUSCOGEE RD
City-St-Zip: CANTONMENT, FL 32533

Title: V () Delete
Name: BOLDEN, WANDA F
Address: 614 MUSCOGEE RD
City-St-Zip: CANTONMENT, FL 32533

Title: FS () Delete
Name: HARRIS, BARBARA
Address: 614 MUSCOGEE RD
City-St-Zip: CANTONMENT, FL 32533

Title: T () Delete
Name: JOHNSON, FRANCES
Address: 614 MUSCOGEE RD
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: S (X) Change () Addition
Name: HARRIS, BARBARA
Address: 614 MUSCOGEE RD
City-St-Zip: CANTONMENT, FL 32533

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

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

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date