## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006143

Entity Name: REFUGE CHURCH OF OUR LORD JESUS CHRIST OF THE

APOSTOLIC FAITH, INC.

**Current Principal Place of Business:** 

614 NORTH 18TH STREET PALATKA, FL 32177-3028

**Current Mailing Address:** 

1317 ROWE AVENUE JACKSONVILLE, FL 32208

FEI Number: 80-0735095 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GROOVER, GENTLE L. SR. 1317 ROWE AVENUE JACKSONVILLE, FL 32208 US

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: GENTLE L. GROOVER, SR. 04/04/2017

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title **PRES** Title **TRUS** 

Name GROOVER, GENTLE L. SR. Name REED, ERSELL

Address 1317 ROWE AVENUE Address 1159 WEST 23RD STREET City-State-Zip: JACKSONVILLE FL 32208 City-State-Zip: JACKSONVILLE FL 32209

**TRUS** Title **TRUS** Title

PARKER, JAMESSENA Name GROOVER, KENNETH Name Address 935 CHAPMAN DRIVE Address 520 NORTH 9TH STREET City-State-Zip: PALATKA FL 32177 City-State-Zip: JACKSONVILLE FL 32221

Title **TRUS** Title **TRUS** 

Name VICKERS, AGNES Name REAVES, VERA

Address 400 NORTH 16TH STREET, APT#B4 133 HOLLISTER CEMETERY ROAD Address

City-State-Zip: PALATKA FL 32177 HOLLISTER FL 32147 City-State-Zip:

I hereby 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 all other like empowered.

SIGNATURE: KENNETH GROOVER

Electronic Signature of Signing Officer/Director Detail

**PASTOR** 

04/04/2017

**FILED** Apr 04, 2017

**Secretary of State** 

CC9997030804