

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000009042

**Entity Name:** CITY OF REFUGE EMPOWERMENT CHURCH, INC.

**Current Principal Place of Business:**

3300 NORTH PACE BLVD.  
SUITE 70  
PENSACOLA, FL 32505

**Current Mailing Address:**

P.O. BOX 6273  
PENSACOLA, FL 32503 US

**FEI Number:** 84-2951136

**Certificate of Status Desired:** Yes

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

PORTER, O'NEAL  
2412 NORTH S STREET  
PENSACOLA, FL 32505 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            PORTER, O'NEAL  
Address        201 WEST JACKSON STREET  
City-State-Zip: PENSACOLA FL 32505

Title            VP  
Name            JACKSON, SHARYL  
Address        2173 GOOD STREET  
City-State-Zip: MOBILE AL 36617

Title            SCTY  
Name            DICKINSON, BROOKE  
Address        513 DAVIDSON STREET  
City-State-Zip: MOBILE AL 36603

Title            TREA  
Name            RUSSELL, LAANDREAS  
Address        5915 DALLAS AVENUE  
City-State-Zip: PENSACOLA FL 32526

*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:** O'NEAL PORTER

**PRESIDENT**

**05/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date