

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003820

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

**Current Principal Place of Business:**

9495 S E MARICAMP ROAD  
OCALA, FL 34472

**Current Mailing Address:**

PO BOX 422  
CANDLER, FL 32111

**FEI Number: 59-2848700**

**Certificate of Status Desired: No**

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

THOMAS, RUTH  
2 EMERALD CRSE  
OCALA, FL 34472 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            SEC  
Name            THOMAS, LORRAINE  
Address        2 EMERALD CRSE  
City-State-Zip: Ocala FL 34472

Title            ELD  
Name            BERTRAM, JAMES  
Address        1243 MASADA LANE  
City-State-Zip: SPRING HILL FL 34608

Title            EVAN  
Name            DOYLEY, MAVIS  
Address        96 PINE COURSE  
City-State-Zip: Ocala FL 34472

Title            BRO  
Name            BUCHANAN, MICHAEL  
Address        114 ALMOND RD  
City-State-Zip: Ocala FL 34472

Title            BRO  
Name            BROWN, VINCENT  
Address        13039 S.W. 79 CIRCLE  
City-State-Zip: Ocala FL 34473

*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: LORRAINE THOMAS**

**SECRETARY**

**03/18/2017**

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

\_\_\_\_\_  
Date