

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 768661 (1)**  
 1. Corporation Name  
**JEHOVAH-JIREH REFUGE, INC.**



Principal Place of Business <b>% BONNY R. ISON          20 MAYFAIR DR.          CRAWFORDVILLE FL 32327          US</b>	Mailing Address <b>% BONNY R. ISON          20 MAYFAIR DR.          CRAWFORDVILLE FL 32327          US</b>
---	---

3. Date Incorporated or Qualified  
**05/26/1983**

4. FEI Number  
**59-2290916**

Applied For	Not Applicable
-------------	----------------

2. Principal Place of Business  
 21. Suite, Apt. #, etc.

2a. Mailing Address  
 26. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23. City & State

24. Zip Country

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ISON, BONNY R.  
 20 MAYFAIR DR.  
 CRAWFORDVILLE FL 32327**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ISON, BONNY R</b>	1.2 NAME	
STREET ADDRESS	<b>20 MAYFAIR DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUDSON, DOYE D.</b>	2.2 NAME	
STREET ADDRESS	<b>RT. 16, BOX 2100</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ISON, DIANNE M</b>	3.2 NAME	
STREET ADDRESS	<b>20 MAYFAIR DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUDSON, SHERRY (ADV. BOARD)</b>	4.2 NAME	
STREET ADDRESS	<b>RT. 16, BOX 2100</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARD, WESLEY D.</b>	5.2 NAME	
STREET ADDRESS	<b>13 JESSICA STAR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARFIELD, LORETTA</b>	6.2 NAME	
STREET ADDRESS	<b>20 MAYFAIR DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bonny R. Ison **BONNY R. ISON** 4-28-98 (850) 926-5217

CR2E037 (10/97)