

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90424 016 ****61.25

DOCUMENT # 768661

1. Entity Name

JEHOVAH-JIREH REFUGE, INC.

Principal Place of Business

Mailing Address

**% BONNY R. ISON
 20 MAYFAIR DR.
 CRAWFORDVILLE FL 32327
 US**

**% BONNY R. ISON
 20 MAYFAIR DR.
 CRAWFORDVILLE FL 32327-0841
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2290916

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **ISON, BONNY R**
 STREET ADDRESS **20 MAYFAIR DR.**
 CITY-ST-ZIP **CRAWFORDVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **HUDSON, DOYE D.**
 STREET ADDRESS **RT. 16, BOX 2100**
 CITY-ST-ZIP **TALLHASSEE FL**

TITLE **VD** Change Addition
 NAME **HUDSON, DOYE D.**
 STREET ADDRESS **12 DOYE DR**
 CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

TITLE **STD** Delete
 NAME **ISON, DIANNE M**
 STREET ADDRESS **20 MAYFAIR DR.**
 CITY-ST-ZIP **CRAWFORDVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HUDSON, SHERRY (ADV. BOARD)**
 STREET ADDRESS **RT. 16, BOX 2100**
 CITY-ST-ZIP **TALLHASSEE FL**

TITLE **D** Change Addition
 NAME **HUDSON, SHERRY (ADV. BOARD)**
 STREET ADDRESS **12 DOYE DR**
 CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

TITLE **D** Delete
 NAME **ARD, WESLEY D.**
 STREET ADDRESS **13 JESSICA STAR**
 CITY-ST-ZIP **CRAWFORDVILLE FL**

TITLE **D** Change Addition
 NAME **BARFIELD, TOBY**
 STREET ADDRESS **13 JESSICA STAR**
 CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

TITLE **D** Delete
 NAME **BARFIELD, LORETTA**
 STREET ADDRESS **20 MAYFAIR DR**
 CITY-ST-ZIP **CRAWFORDVILLE FL**

TITLE **D** Change Addition
 NAME **BARFIELD, LORETTA**
 STREET ADDRESS **13 JESSICA STAR**
 CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bonny R. Ison* **REQUIRE** **BONNY R. ISON PD** **4-23-2000** **(850) 926-5217**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)