

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2001 8:00 am  
Secretary of State

03-05-2001 90288 043 \*\*\*\*61.25

DOCUMENT # N00000002944

1. Entity Name

GOD'S HOUSE OF REFUGE COMMUNITY DEVELOPMENT CORP

Principal Place of Business

2032 EAGLE DR.  
WEST PALM BEACH FL 33409

Mailing Address

2032 EAGLE DR.  
WEST PALM BEACH FL 33409

00029400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1506 WINGFIELD

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

4. FEI Number

65-100 8780

Applied For

Not Applicable

Zip

33460

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, SHARON  
2032 EAGLE DR.  
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete  
NAME LEWIS, SHARON  
STREET ADDRESS 2032 EAGLE DR.  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE D ☐ Delete  
NAME LEWIS, PAUL  
STREET ADDRESS P.O. BOX 15645  
CITY-ST-ZIP WEST PALM BEACH FL 33416

TITLE D ☐ Delete  
NAME LEWIS, VICTORIA  
STREET ADDRESS P.O. BOX 15645  
CITY-ST-ZIP WEST PALM BEACH FL 33416

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition  
NAME MARGARET HOWARD  
STREET ADDRESS 416 51ST STREET  
CITY-ST-ZIP W PALM BEACH, FL 334101

TITLE T/D ☐ Change ☒ Addition  
NAME FLORENCE LINDSAY  
STREET ADDRESS 5095 PALM HILL DR #354  
CITY-ST-ZIP W PALM BEACH, FL 334115

TITLE C/D ☐ Change ☒ Addition  
NAME HOWARD KLEIN  
STREET ADDRESS 6415 LAKE WORTH RD #301  
CITY-ST-ZIP GREEN ACRES FL 33463

TITLE D ☐ Change ☒ Addition  
NAME JAN LEITER  
STREET ADDRESS 8172 WESTMAN PL  
CITY-ST-ZIP LAKEWOOD CO 80227

TITLE S/D ☐ Change ☒ Addition  
NAME JACQUELINE BELL  
STREET ADDRESS 1537 43RD ST  
CITY-ST-ZIP W PALM BCH FL 334107

TITLE D ☒ Change ☐ Addition  
NAME PAUL LEWIS  
STREET ADDRESS 536 SCHENCK AV  
CITY-ST-ZIP BROOKLYN NY 11207

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 26, 2001 561-310-9883

CR2E037 (10/00)