

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90783 008 ****61.25

DOCUMENT # N00000002944

1. Entity Name

**GOD'S HOUSE OF REFUGE COMMUNITY DEVELOPMENT CORP
 ORATION**

Principal Place of Business

Mailing Address

106 WINGFIELD
 LAKE WORTH FL 33460

2032 EAGLE DR.
 WEST PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address

1506 Wingfield St *2032 Eagle Dr*

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Lake Worth FL

West Palm Beach FL

4. FEI Number

65-1008780

☒ Applied For

☐ Not Applicable

Zip *33460*

Country *Palm Beach*

Zip *33409*

Country *Palm Beach*

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

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

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

Sharon Lewis

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

(NOTE: Registered Agent signature required when reinstating)

04 4 02

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D HOWARD, MARGARET**
 STREET ADDRESS **416 51ST STREET**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TD FLORENCE Lindsay**
 STREET ADDRESS **HOWARD, LINDSAY**
 CITY-ST-ZIP **5095 PALM HILL DR., #354**
WEST PALM BEACH FL 33415

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **CD HOWARD, KLEIN**
 STREET ADDRESS **6415 LAKE WORTH RD., #301**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Sharon Lewis

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CR2E037 (9/01)