

6/19

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

06-19-2001 90437 007 ****61.25

DOCUMENT # N00000006425

1. Entity Name

THE REFUGE TEMPLE CHURCH OF GOD IN CHRIST JESUS

Principal Place of Business

335 GENEVA DRIVE
OVIEDO FL 32765

Mailing Address

335 GENEVA DRIVE
OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3672638

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

THOMPSON, OWEN
1004 BURNETT STREET
OVIEDO FL

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 **DP** ☐ Delete
 NAME **THOMPSON, OWEN**
 STREET ADDRESS **1004 BURNETT STREET**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **DT** ☐ Delete
 NAME **SMITH, CLIFFORD**
 STREET ADDRESS **539 S CENTRAL AVENUE APT 5**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **D** ☐ Delete
 NAME **DENNY, DOROTHY**
 STREET ADDRESS **1103 BRIELLE COURT**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **S** ☐ Delete
 NAME **THOMPSON, JANET**
 STREET ADDRESS **1103 BRIELLE COURT**
 CITY-ST-ZIP **OVIEDO FL 32765**

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 **Director** ☐ Change ☒ Addition
 NAME **Derric Smith**
 STREET ADDRESS **637 Remsen Ave**
 CITY-ST-ZIP **Brooklyn, NY 112**

TITLE **Secretary** ☒ Change ☐ Addition
 NAME **Janet Thompson**
 STREET ADDRESS **1004 Burnett St**
 CITY-ST-ZIP **OVIEDO, FL 32765**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/01

Date

(407) 359-7461

Daytime Phone #

CR2E037 (10/00)