

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91336 047 ****61.25

DOCUMENT # **ND0000000425** ✓
1. Entity Name

THE REFUGE Temple church OF GOD IN christ Jesus,

668701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 335 Geneva Dr. QUIEDO FL 32765 Suite, Apt. #, etc.		3. Mailing Address 335 Geneva Dr. QUIEDO FL 32765 Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number 54-3672638		Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent		
		Name OWEN THOMPSON Street Address (P.O. Box Number is Not Acceptable) 1004 BURNETT ST City QUIEDO FL Zip Code 32765		

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

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP. Thompson, OWEN 1004 BURNETT ST QUIEDO FL 32765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Denny Dorothy 1103 BRIELLE COURT QUIEDO FL 32765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. Thompson Janet 1004 BURNETT ST QUIEDO FL 32765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Smith, DERRIC 637 REMSEN AVE BROOKLYN NEW YORK 11203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Mable Smith 539 S. CENTRAL AVE Apt. 5 QUIEDO FL 32765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Owen Thompson** **5-1-02** **(407) 366-5037**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)