

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006425

FILED  
Jan 08, 2004  
Secretary of State

**Entity Name:** THE REFUGE TEMPLE CHURCH OF GOD IN CHRIST JESUS (APOSTOLIC), INC.

**Current Principal Place of Business:**

335 GENEVA DRIVE  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

335 GENEVA DRIVE  
OVIEDO, FL 32765 US

**New Mailing Address:**

**FEI Number:** 59-3672638

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMPSON, OWEN  
842 BELHAVEN DR  
ORLANDO, FL 32828

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: THOMPSON, OWEN  
Address: 1004 BURNETT STREET  
City-St-Zip: OVIEDO, FL 32765

Title: T ( ) Delete  
Name: DINGLE, ODELL  
Address: 1040 CATFISH CRK  
City-St-Zip: OVIEDO, FL 32765

Title: S ( ) Delete  
Name: THOMPSON, JANET  
Address: 842 BELHAVEN DR  
City-St-Zip: ORLANDO, FL 32828

Title: D ( ) Delete  
Name: SMITH, DERRIC  
Address: 637 REMSEN AVE  
City-St-Zip: BROOKLYN, NY 11203

Title: S ( ) Delete  
Name: DINGLE, DONNA  
Address: 1043 CATFISH CRK  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA DINGLE

S

01/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date