FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # N0000006879 04-30-2001 90357 034 ****70.00 REFUGE BAPTIST CHURCH OF SEBRING, INC. Principal Place of Business Mailing Address 709 NORTH RIDGEWOOD DRIVE POST OFFICE BOX 1508 SEBRING FL 33870 SEBRING FL 33871-1508 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Benton, Woodrow W. Street Address (P.O. Box Number is Not Acceptable) 1017 Dinner Lake Drive ABLES, CLIFFORD M III 551 SOUTH COMMERCE AVENUE SEBRING FL 33870 Zip Code 33870 Sebring: 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. Woodrow W. April 24, 2001 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. P/C/M ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME BENTON, REV. WOODROW W. STREET ADDRESS STREET ADDRESS 1017 DINNER LAKE DR. CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33870. ☐ Delete TITLE ☐ Change ☐ Addition V/D NAME NAME MARITY, DR. CLIFFORD STREET ADDRESS STREET ADDRESS 1005 DINNER LAKE DR. CITY-ST-ZIP CITY-ST-ZIP SEBRING-FL 33870 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME MARITY, JOSEPHINE STREET ADDRESS STREET ADDRESS 1005 DINNER LAKE DR. CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33870 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME DOWNS, WILLIE E. STREET ADDRESS STREET ADDRESS 2414 HOPE CIRCLE CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33870 □ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 24, 2001

Date

863-402-1962

Daytime Phone #

CR2E037