


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90046 010 ****75.00

DOCUMENT # N00000006879 1. Entity Name REFUGE BAPTIST CHURCH OF SEBRING, INC.					
Principal Place of Business 300 NORTH PINE SEBRING FL 33870			Mailing Address 1017 DINNER LAKE DRIVE SEBRING FL 33870		
2. Principal Place of Business - No P.O. Box # P.O. Box 1508		3. Mailing Address 1017 E Dinner Lake Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Sebring, Fla.		City & State Sebring, Fla.		4. FEI Number 59-3694597	
Zip 33870		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33870		Country USA		6. Name and Address of Current Registered Agent PERDUE, ALFRED J JR 4718 2ND ST SEBRING FL 33870	
7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Alfred J Perdue Jr</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY ST ZIP	CD PERDUE, JR, ALFRED J 4718 2ND ST SEBRING FL 33870	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S EVERETT, MATTIE A 4816 NW 6 STREET SEBRING FL 33870	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T BENTON, MARY 1017 E. DINNER LAKE DRIVE SEBRING FL 33870	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	A.P. Robert S. Everett 4816 4th street Sebring, FL. 33870	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D-2 James E. Moore 631 Harris St Sebring, FL 33870	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	Deacon James E. Moore 631 Harris street Sebring, Fla. 33870	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u><i>Mary E. Benton</i></u> <u><i>Mary E. Benton</i></u> <u><i>2-1-07</i></u> <u><i>863-402-1962</i></u>					