

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000006879

FILED  
Apr 11, 2003  
Secretary of State

**Entity Name:** REFUGE BAPTIST CHURCH OF SEBRING, INC.

**Current Principal Place of Business:**

709 NORTH RIDGEWOOD DRIVE  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1508  
SEBRING, FL 338711508

**New Mailing Address:**

**FEI Number:** 59-3694597

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENTON, WOODROW W  
1017 DINNER LAKE DRIVE  
SEBRING, FL 33870 US

**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: PCM ( ) Delete  
Name: BENTON, REV. WOODROW W REV.  
Address: 1017 DINNER LAKE DRIVE  
City-St-Zip: SEBRING, FL 33870

Title: VD ( ) Delete  
Name: MARITY, DR. CLIFFORD REV.  
Address: 1005 DINNER LAKE DRIVE  
City-St-Zip: SEBRING, FL 33870

Title: SD ( ) Delete  
Name: COLLINS, DAWN MS  
Address: 648 N. RIDGEWOOD DR.  
City-St-Zip: SEBRING, FL 33870

Title: TD ( ) Delete  
Name: DOWNS, WILLIE E DEC.  
Address: 2414 HOPE CIRCLE  
City-St-Zip: SEBRING, FL 33870

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

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

Title: VD (X) Change ( ) Addition  
Name: EVERETT, ROBERT S MR  
Address: 4816 NW 6 STREET  
City-St-Zip: SEBRING, FL 33870

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: WOODROW W. BENTON

PCM

04/11/2003

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

\_\_\_\_\_  
Date