

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000007231**

1. Entity Name

**MY REFUGE CHILDREN'S SHELTER, INC.****FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90100 048 \*\*\*\*61.25

0030071

Principal Place of Business

Mailing Address

**401 COACH RD  
SATELLITE BEACH FL 32937****401 COACH RD  
SATELLITE BEACH FL 32937**

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 362342****P.O. BOX 362342**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

**Melbourne, FL**

City &amp; State

**Melbourne, FL**

4. FEI Number

**59-3659008**

Applied For

Not Applicable

Zip

**32936**

Country

**Brevard**

Zip

**32936**

Country

**Brevard**5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**KINBERG, EDWARD J  
2101 S WAVERLY PL STE 200E  
MELBOURNE FL 32901**

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

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SNYDER, JAMES A</b>	
STREET ADDRESS	<b>401 COACH RD</b>	
CITY-ST-ZIP	<b>SATELLITE BEACH FL 32937</b>	

TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Snyder, James A</b>	
STREET ADDRESS	<b>P.O. Box 362342</b>	
CITY-ST-ZIP	<b>Melbourne, FL 32936</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SNYDER, EMILY T</b>	
STREET ADDRESS	<b>401 COACH RD</b>	
CITY-ST-ZIP	<b>SATELLITE BEACH FL 32937</b>	

TITLE	<b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Snyder, Emily T.</b>	
STREET ADDRESS	<b>P.O. Box 362342</b>	
CITY-ST-ZIP	<b>Melbourne, FL 32936</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SNYDER, JOSEPH L</b>	
STREET ADDRESS	<b>4728 DAUPHINE BLVD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>V/D</b>	<input type="checkbox"/> Delete
NAME	<b>Nicholas, James M.</b>	
STREET ADDRESS	<b>P.O. Box 362342</b>	
CITY-ST-ZIP	<b>Melbourne, FL 32936</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Vail, Ted</b>	
STREET ADDRESS	<b>P.O. Box 362342</b>	
CITY-ST-ZIP	<b>Melbourne, FL 32936</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Vail, Carol S.</b>	
STREET ADDRESS	<b>P.O. Box 362342</b>	
CITY-ST-ZIP	<b>Melbourne, FL 32936</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE JAMES A SNYDER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/27/2001**  
Date**321-727-6354**  
Daytime Phone #

CR2E037 (10/00)

# Attachment My Refuge Children's Shelter



...Yea, in the shadow of Thy wings will I make my refuge, until these calamities be overpast. Psalm 57:1

April 26, 2001

834501

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

#N00000007231

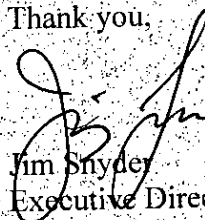
Re: Corporate Annual Filing  
Address Change

Dear Sirs,

Please note on our 2001 UBR, that we have changed each address listed, to reflect a P.O. Box number in place of a street address. This is to keep the physical address of our children's home confidential as required by the Department of Children & Families.

If you have any questions, please contact our office at the number listed below.

Thank you,

  
Jim Snyder  
Executive Director