

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90042 017 \*\*\*\*61.25

**DOCUMENT # N00000007231**

1. Entity Name  
**MY REFUGE CHILDREN'S SHELTER, INC.**



Principal Place of Business

P.O. BOX 162342  
MELBOURNE, FL 32936

Mailing Address

P.O. BOX 162342  
MELBOURNE, FL 32936

2. Principal Place of Business

P.O. Box 362342

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 362342

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Melbourne, Fl.

Zip Country

32936-2342 Brevard

City & State

Melbourne, Fl.

Zip Country

32936-2342 Brevard

4. FEI Number

59-3659008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME SNYDER, JAMES A  
STREET ADDRESS P.O. BOX 362342  
CITY-ST-ZIP MELBOURNE, FL 32936

TITLE TD ☐ Delete  
NAME SNYDER, EMILY T  
STREET ADDRESS P.O. BOX 362342  
CITY-ST-ZIP MELBOURNE, FL 32936

TITLE VD ☐ Delete  
NAME NICHOLAS, JAMES M  
STREET ADDRESS P.O. BOX 362342  
CITY-ST-ZIP MELBOURNE, FL 32936

TITLE D ☐ Delete  
NAME VAIL, TED  
STREET ADDRESS P.O. BOX 362342  
CITY-ST-ZIP MELBOURNE, FL 32936

TITLE D ☐ Delete  
NAME VAIL, CAROL  
STREET ADDRESS P.O. BOX 362342  
CITY-ST-ZIP MELBOURNE, FL 32936

TITLE D ☐ Delete  
NAME FLONTA, DANIEL  
STREET ADDRESS PO BOX 362342  
CITY-ST-ZIP MELBOURNE, FL 32936

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

James Snyder

4/18/2003 321-253-0440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case

Daytime Phone #

CR2E037 (10/02)