2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000007293

Apr 17, 2002 8:00 AM Secretary of State

Entity Name: REFUGE EDUCATIONAL & URBAN DEVELOPMENT CENTER OF SEBRING, INC.

Current Principal Place of Business: New Principal Place of Business: 709 NORTH RIDGEWOOD DR. SEBRING, FL 33870 **Current Mailing Address: New Mailing Address:** PO BOX 1508 SEBRING, FL 338711508 **FEI Number:** FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BENTON, WOODROW W 1017 DINNER LAKE DRIVE SEBRING, FL 33870 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PCM () Delete () Change () Addition BENTON, WOODROW W REV Name: Name: 1017 DINNER LAKE DRIVE Address: Address: City-St-Zip: SEBRING, FL 33870 City-St-Zip: Title: VD () Delete Title: (X) Change () Addition MARITY, CLIFFORD Name: MARITY, CLIFFORD DR/REV Name: Address: 1005 DINNER LAKE DRIVE Address: 1005 DINNER LAKE DRIVE City-St-Zip: SEBRING, FL 33870 City-St-Zip: SEBRING, FL 33870 Title: () Delete Title: (X) Change () Addition ROBINSON, BARBARA Name: ROBINSON, BARBARA REV Name: 1802 W FONDULAC ROAD 1802 W FONDULAC ROAD Address: Address: City-St-Zip: AVON PARK, FL 33825 City-St-Zip: AVON PARK, FL 33825 (X) Change () Addition Title: TD () Delete Title: TD MCCRAY, WILLIAM Name: Name: MCCRAY, WILLIAM REV 1400 NW 10TH AVE APT 1916 1400 NW 10TH AVE APT 1916 Address: Address: City-St-Zip: MIAMI, FL 33136 City-St-Zip: MIAMI, FL 33136 Title: () Delete Title: () Change (X) Addition RON, HOLLEY DR Name: Name: 102 E. PALMETTO ST Address: Address: City-St-Zip: City-St-Zip: AVON PARK, FL 33825 Title: () Delete Title: () Change (X) Addition RUSSEL, PAUL REV Name: Name: Address: Address: VALERIE BLVD, FL SEBRING F City-St-Zip: 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 04/17/2002