

**2004 NOT-FOR-PROFIT-CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-04-2004 90079 012 ****61.25

66402687



MOORE CR2E037 (11/03)

DOCUMENT # N00000007817

1. Entity Name

REFUGE BY FAITH REVIVAL CENTER, INC.



Principal Place of Business

5328 DOSTIE DR S
JACKSONVILLE FL 32209

Mailing Address

5328 DOSTIE DR S
JACKSONVILLE FL 32209

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

52-2294293

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, EDDIE LEE REV.
5328 DOSTIE DR. SOUTH
JACKSONVILLE FL 32209

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 reinstating)

DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 2004

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 ☐ Delete
NAME THOMAS, EDDIE LEE REV
STREET ADDRESS 5328 DOSTIE DR. SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ Delete
NAME THOMAS, MICHAEL
STREET ADDRESS 6803 RENEE TERRACE
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ Delete
NAME KATO, GREGORY
STREET ADDRESS 6941 CAVALIER RD
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Eddie R. Thomas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04 - 904-713-9943

DATE

DAYTIME PHONE #