

2004 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0016049

DOCUMENT # N01000003343

1. Entity Name

REFUGE HOUSE MINISTRIES, INC.



FILED

04 APR 26 AM 11:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

2330 AURORA RD.
MELBOURNE FL 32935

Mailing Address

2330 AURORA RD.
MELBOURNE FL 32935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3720264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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

NICHOLAS, JAMES M
1540 HIGHLAND AVE.
MELBOURNE FL 32935

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

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 D ☐ Delete
NAME SNYDER, JAMES
STREET ADDRESS 401 COACH RD.
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE D ☐ Delete
NAME SNYDER, EMILY
STREET ADDRESS 401 COACH RD.
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE D ☐ Delete
NAME NICHOLAS, JAMES M
STREET ADDRESS 1540 HIGHLAND AVE.
CITY-ST-ZIP MELBOURNE FL 32935

TITLE D ☐ Delete
NAME FLONTA, DANIEL
STREET ADDRESS 275 AVENS RD. NE
CITY-ST-ZIP PALM BAY FL 32907

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300034521553
CITY-ST-ZIP 04/29/04--01009--001 **\$61.75

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

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

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

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

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:

SIGNATURE JAMES SNYDER

4/16/04 321-727-6354

CR2E037 (10/02)