

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N01000005457

1. Entity Name
REFUGE OUTREACH CENTER, INC.



FILED

06 MAY -8 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7844 ROCKY FORT TRAIL
JACKSONVILLE, FL 32277

Mailing Address
7844 ROCKY FORT TRAIL
JACKSONVILLE, FL 32277



04272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3739032	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, FRED JR
7844 ROCKY FORT TRAIL
JACKSONVILLE, FL 32277

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, FRED JR 7844 ROCKY FORT TRAIL JACKSONVILLE, FL 32277
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, YVONNE 7844 ROCKY FORT TRAIL JACKSONVILLE, FL 32277
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COFFEY, BEVERLY 1717 LAUDER AVE JACKSONVILLE, FL 32208
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS 5/15/06
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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200075548412
05/31/06--01010--027 **69.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Fred Brown Jr. Fred Brown Jr.

4-27-06

(904)635-6305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #