


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000005457	
1. Entity Name REFUGE OUTREACH CENTER, INC.	

Principal Place of Business 7844 ROCKY FORT TRAIL JACKSONVILLE, FL 32277	Mailing Address 7844 ROCKY FORT TRAIL JACKSONVILLE, FL 32277
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DO NOT WRITE IN THIS SPACE



05082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3739032	Applied For <input type="checkbox"/> 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: <u>Fred Brown Jr</u>	DATE: <u>5-1-08</u>
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000952525 06/04/08-80085-002 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, FRED JR 7844 ROCKY FORT TRAIL JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, YVONNE 7844 ROCKY FORT TRAIL JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COFFEY, BEVERLY 1717 LAUDER AVE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: <u>Fred Brown Jr</u>	Date: <u>5-1-08</u>	Daytime Phone #: <u>(904) 244-6067</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		