

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 15, 2004
Secretary of State**

DOCUMENT# N01000007833

Entity Name: REFUGE OF LOVE TABERNACLE INC.

Current Principal Place of Business:

1001 SPACE CIRCLE
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

1001 SPACE CIRCLE
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-3757807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, THOMAS G JR.
1001 SPACE CIRCLE
PENSACOLA, FL 32504

Name and Address of New Registered Agent:

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:

Title: PDT () Delete
Name: LONG, THOMAS
Address: 1001 SPACE CIRCLE
City-St-Zip: PENSACOLA, FL 32504

Title: VTS () Delete
Name: LONG, DEBRA D
Address: 1001 SPACE CIRCLE
City-St-Zip: PENSACOLA, FL 32504

Title: CT (X) Delete
Name: SCHERP, STEVEN
Address: 21 BEOGONIA PLACE APT 101
City-St-Zip: PENSACOLA, FL 32506

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT () Change (X) Addition
Name: BEACHEM, JERRY
Address: 6019 AIRLANE DR
City-St-Zip: PENSACOLA, FL 32504

Title: D () Change (X) Addition
Name: BLOXSON, SHONDRA
Address: 7102 B TIPPEN AVE
City-St-Zip: PENSACOLA, FL 32504

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: DEBRA LONG

VTS

06/15/2004

Electronic Signature of Signing Officer or Director

_____ Date