

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91889 047 ****61.25

DOCUMENT # NO1000008911

1. Entity Name *Refuge*
HOMELESS REFUGE FORUM CORP.



Principal Place of Business
**225 N. LAKELAND AVENUE
ORLANDO FL 32805**

Mailing Address
**225 N. LAKELAND AVENUE
ORLANDO FL 32805**

2. Principal Place of Business

MARY HOWARD

3. Mailing Address

225 N. Lakeland Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando Fla.

4. FEI Number

04-3600626

Applied For

Not Applicable

Zip

Country

Zip

Country

32805

ORANGE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOWARD, MARY
225 N. LAKELAND AVENUE
ORLANDO FL 32805**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input type="checkbox"/> Delete
NAME	HOWARD, MARY	
STREET ADDRESS	225 N. LAKELAND AVENUE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROY, JESSIE	
STREET ADDRESS	2110 LAKE BREEZE WAY	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GIFFORD, VICKY	
STREET ADDRESS	3117 KNIGHTS BRIDGE ROAD	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, CLEO	
STREET ADDRESS	401 GILLMAN CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELORIS BULLARD	
STREET ADDRESS	6809 MANDARIN DR	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PASTOR SPNATHAN L. MCKNIGHT	
STREET ADDRESS	821 S. KIRKMAN RD	
CITY-ST-ZIP	ORLANDO, FL 32861	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED**

CR2E037 (10/02)