2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State
05-10-2005 90115 030 ****61.25

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1. Entity Name
CITY OF REFUGE COMMUNITY DEVELOPMENT CENTER, INC.

Principal Place of Business	Mailing Address
1040 SAWYER STREET PENSACOLA, FL 32534	1040 SAWYER STREET PENSACOLA, FL 32534

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02022005 No Chg-NP CR2E037 (10/03)

4. FEI Number
52-2376050
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOLDEN, JEFFERY III
1040 SAWYER STREET
PENSACOLA, FL 32534

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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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOLDEN, JEFFERY III
STREET ADDRESS	1040 SAWYER STREET
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	SD
NAME	HARRIS, BARBARA
STREET ADDRESS	1040 SAWYER STREET
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	TD
NAME	GRANDISON, JOHN C
STREET ADDRESS	1040 SAWYER STREET
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Barbara Harris May 1, 2005 850-476-7925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #