


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90023 019 ****70.00

DOCUMENT # N02000006727					
1. Entity Name CITY OF REFUGE COMMUNITY DEVELOPMENT CENTER, INC.					
Principal Place of Business 1040 SAWYER STREET PENSACOLA, FL 32534			Mailing Address 1040 SAWYER STREET PENSACOLA, FL 32534		
2. Principal Place of Business - No P.O. Box # 614 MUSCOGEE RD		3. Mailing Address PO BOX 7532			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CANTONMENT FL		City & State PENSACOLA FL		4. FEI Number 52-2376050	
Zip 32533		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOLDEN, JEFFERY III 1040 SAWYER STREET PENSACOLA, FL 32534		7. Name and Address of New Registered Agent Name: BOLDEN, JEFFERY III Street Address (P.O. Box Number is Not Acceptable): 614 MUSCOGEE RD City: CANTONMENT FL Zip Code: 32533			
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>Jeffery Bolden</u> DATE: <u>2-15-08</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOLDEN, JEFFERY III <input type="checkbox"/> Delete 1040 SAWYER STREET PENSACOLA, FL 32534				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRIS, BARBARA <input checked="" type="checkbox"/> Delete 1040 SAWYER STREET PENSACOLA, FL 32534				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOLDEN, JEFFERY III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 614 MUSCOGEE RD CANTONMENT FL 32533				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WANDA FAYE BOLDEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 419 MEGAN DR CANTONMENT FL 32533				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WANDA FAYE BOLDEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 419 MEGAN DR CANTONMENT FL 32533				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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>Jeffery Bolden</u> DATE: <u>2-15-08</u> DAYTIME PHONE: <u>850-944-5711</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					