

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003535

FILED
Apr 22, 2004
Secretary of State**Entity Name:** A PLACE OF REFUGE EVANGELISTIC, CORP.**Current Principal Place of Business:**2720 N.W. 208TH TERRACE
MIAMI, FL 33056**New Principal Place of Business:****Current Mailing Address:**2720 N.W. 208TH TERRACE
MIAMI, FL 33056**New Mailing Address:****FEI Number:** 20-0868274**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MCGRIFF, JANIE
2720 N.W. 208TH TERRACE
MIAMI, FL 33056**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:** PD () Delete
Name: MCGRIFF, JANIE M
Address: 2720 N.W. 208TH TERRACE
City-St-Zip: MIAMI, FL 33056**Title:** VD () Delete
Name: CRUMP, DELORES
Address: 302 S.W. 87TH WAY #206
City-St-Zip: PEMBROKE PINES, FL 33025**Title:** SD () Delete
Name: BATTLE, BETTYE
Address: 1874 S.W. 149TH AVENUE
City-St-Zip: MIRAMAR, FL 33025**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:

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: JANIE M. MCGRIFF

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04/22/2004

Electronic Signature of Signing Officer or Director_____
Date