

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003535

FILED  
Apr 29, 2005  
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 US

**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

PD

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date