


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2005 8:00 am
Secretary of State

06-17-2005 90003 027 ****61.25

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|---|---|---------|--|--|--|
| DOCUMENT # N03000009745 1. Entity Name CITIES OF REFUGE, INC. | | | |  | |
| Principal Place of Business 23 WILLWALL ST FT WALTON BEACH, FL 32547 | | | Mailing Address 23 WILLWALL ST FT WALTON BEACH, FL 32547 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TOFT, BOBBIE L 23 WILLWALL ST FT WALTON BEACH, FL 32547 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | | | 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 | | | | DATE | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D TOFT, BOBBIE L <input type="checkbox"/> Delete 23 WILLWALL ST FT WALTON BEACH, FL 32547 | | 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"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: <i>Bobbie L. Toft</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date | | | | Daytime Phone # | |

ATTACHMENT

40088524 Cities of Refuge, Inc.
MO 30000097 23 Willwall Street
45 Fort Walton Beach
Florida 32547

Division of Corporations
P.O. Box 6198
Tallahassee, Florida 32314-6198

I am enclosing a check for \$61.25 for the corporation annual report fee for Cities of Refuge, Inc. There has been no change in status or activity since last year's report. If there are additional papers that must be signed, please mail them to me.

Sincerely,
Bohlie Toft