


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90128 031 ****70.00

DOCUMENT # N03000010033. 1. Entity Name THE CITY OF REFUGE OUTREACH MINISTRY, INC.					
Principal Place of Business 7064 WILSON ST. JACKSONVILLE FL 32210				Mailing Address 7064 WILSON ST. JACKSONVILLE FL 32210	
2. Principal Place of Business 7064 Wilson Blvd.				3. Mailing Address 	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State Jacksonville, Florida				City & State	
Zip 32210		Country		4. FEI Number 45-0527816	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent ALEXANDER, MARVA 7064 WILSON ST. JACKSONVILLE FL 32210				7. Name and Address of New Registered Agent Name MARVA Alexander Street Address (P.O. Box Number is Not Acceptable) 7064 Wilson Blvd JACKSONVILLE City FL Zip Code 32210	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JORDAN, WALTER L 1705 W 14TH STREET JACKSONVILLE FL 32209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CATOE, ELIZABETH 5647 SWAMP FOX RD./LANE/AVE. JACKSONVILLE FL 32210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKSON, DATOERICKA 4301 CONFEDERATE PT RD #C20 JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SHARON R BURRIS 1163 LONDONDERRY DRIVE ORANGE PK FL 32065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURRAY, PAULA 5928 FIRESTONE RD., APT. 143 JACKSONVILLE FL 32210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALEXANDER, MARVA 7064 WILSON ST. JACKSONVILLE FL 32210	<input type="checkbox"/> Delete	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	
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>Marva Alexander</i> Director			4-30-05 904-771-0520		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		