

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010033

FILED  
Sep 14, 2006  
Secretary of State

**Entity Name:** THE CITY OF REFUGE OUTREACH MINISTRY, INC.

**Current Principal Place of Business:**

7064 WILSON BLVD.  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

7064 WILSON BLVD.  
JACKSONVILLE, FL 32210

**New Mailing Address:**

**FEI Number:** 45-0527816      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ALEXANDER, MARVA  
7064 WILSON BLVD.  
JACKSONVILLE, FL 32210      US

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: JORDAN, WALTER L  
Address: 1705 W 14TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VD      ( ) Delete  
Name: CATOE, ELIZABETH  
Address: 5647 SWAMP FOX RD./LANE/AVE.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD      ( ) Delete  
Name: MURRAY, PAULA  
Address: 5928 FIRESTONE RD., APT. 143  
City-St-Zip: JACKSONVILLE, FL 32210

Title: CD      ( ) Delete  
Name: ALEXANDER, MARVA  
Address: 7064 WILSON ST.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: S      ( ) Delete  
Name: BURRIS, SHARON R  
Address: 1163 LONDONDERRY DRIVE  
City-St-Zip: ORANGE PARK, FL 32065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD      (X) Change ( ) Addition  
Name: WILLIAMS, PRISCILLA  
Address: 5269 QUAN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32205

Title: TD      (X) Change ( ) Addition  
Name: MURRAY, PAULA  
Address: 6065 EDGEFIELD DRIVE  
City-St-Zip: JACKSONVILLE, FL 32205

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 Chapter 119, 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: MARVA ALEXANDER

CD

09/14/2006

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

\_\_\_\_\_  
Date