2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2008
Secretary of State

DOCUMENT# N04000004792

Entity Name: GREATER REFUGE MINISTRIES, INC.

Current Principal Place of Business:

544 HAMLET RD
WHITE HOUSE, FL 32221

New Principal Place of Business:

Current Mailing Address:

544 HAMLET RD
WHITE HOUSE, FL 32221

New Mailing Address:

FEI Number: 05-0605257 **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:

BOWMAN, KAREN
544 HAMLET RD
WHITE HOUSE, FL 32221 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: D ( ) Delete
Name: COMER, KATHERINE
Address: 4002 LEE STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: BOWMAN, KAREN
Address: 544 HAMLET RD
City-St-Zip: WHITE HOUSE, FL 32221

Title: D ( ) Delete
Name: HAYWARD, TANAE D
Address: 544 HAMLET RD
City-St-Zip: WHITE HOUSE, FL 32221

Title: D ( ) Delete
Name: PINKNEY, PETER L
Address: 544 HAMLET RD.
City-St-Zip: WHITE HOUSE, FL 32221 US

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: KAREN BOWMAN PAST 06/12/2008

Electronic Signature of Signing Officer or Director — Date