

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004792

FILED  
Apr 05, 2009  
Secretary of State

Entity Name: GREATER REFUGE MINISTRIES, INC.

## Current Principal Place of Business:

544 HAMLET RD  
WHITE HOUSE, FL 32221

## New Principal Place of Business:

725 EDGEWOOD AVE. N  
JACKSONVILLE, FL 32254

## Current Mailing Address:

544 HAMLET RD  
WHITE HOUSE, FL 32221

## New Mailing Address:

11885 DELMAR CREEK CT.  
JACKSONVILLE, FL 32220

FEI Number: 05-0605257

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOWMAN, KAREN  
544 HAMLET RD  
WHITE HOUSE, FL 32221 US

## Name and Address of New Registered Agent:

BOWMAN, KAREN  
11885 DELMAR CT  
JACKSONVILLE, FL 32220 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:

04/05/2009

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: D (X) Change ( ) Addition  
Name: BOWMAN, KAREN  
Address: 11885 DELMAR CT  
City-St-Zip: JACKSONVILLE, FL 32220

Title: D (X) Change ( ) Addition  
Name: HAYWARD, TANAE D  
Address: 11885 DELMAR CT  
City-St-Zip: JACKSONVILLE, FL 32220

Title: D (X) Change ( ) Addition  
Name: PINKNEY, PETER L  
Address: 11885 DELMAR CT  
City-St-Zip: WHITE HOUSE, FL 32220 US

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

D

04/05/2009

Electronic Signature of Signing Officer or Director

Date