## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000007089

Entity Name: REFUGE TOUCH CHURCH, INC.

FILED May 05, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2700 COOLRIDGE AVENUE ORLANDO, FL 32804 **Current Mailing Address: New Mailing Address:** 2700 COOLRIDGE AVENUE ORLANDO, FL 32804 FEI Number: 20-1696085 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: HOWARD AND HODGES 720 RODEL COVE LAKE MARY, FL 32746 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MUNDLE, LASCELLES Name: Name: 1396 VICKERS LAKE DRIVE Address: Address: City-St-Zip: OCOEE, FL 34761 City-St-Zip: Title: () Delete Title: () Change () Addition MUNDLE, LORAIN Name: Name: Address: 1396 VICKERS LAKE DRIVE Address: City-St-Zip: OCOEE, FL 34761 City-St-Zip: Title: () Delete Title: () Change () Addition GRIFFIN SR, EZEKIEL L Name: Name: 1304 CRAWFORD AVENUE Address: Address: City-St-Zip: ST CLOUD, FL 34769 City-St-Zip: Title: ( ) Delete Title: () Change () Addition JACKSON, PHYLLIS Name: Name: 5681 ARTE COURT Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: () Delete Title: () Change () Addition CHAMPAGNE, MICHELLE Name: Name: 203A PEITH COURT Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: Title: () Delete Title: () Change () Addition MUNDLE, LAVAL Name: Name: Address: 1396 VICKERS LAKE DRIVE Address: ORLANDO, FL 34761 City-St-Zip: 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: LASCELLES MUNDLE SP 05/05/2009