


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000008607	
1. Entity Name CITY OF REFUGE CHILD DEVELOPMENT CENTER, INC.	

Principal Place of Business 1102 N RUTH AVE LAKELAND, FL 33805	Mailing Address PO BOX 24574 LAKELAND, FL 33802
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07312006 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1579497	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JENKINS, WALTER R JR
743 CEDAR KNOLL DR N
LAKELAND, FL 33809

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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 reissuing) _____ **DATE** _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000573752 08/07/06-80010-006 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JENKINS, WALTER R JR 743 CEDAR KNOLL DR N LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, DONNA S 743 CEDAR KNOLL DR N LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELDON, SANDRA 3416 DOREEN RD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 fee empowered.

SIGNATURE:  **8/7/06** **(863) 682-8898**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #