

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004652

FILED
Jan 05, 2009
Secretary of State

Entity Name: REFUGE CHURCH OF OUR LORD JESUS CHRIST OF THE APOSTOLIC FAITH, INC GAINESVILLE

Current Principal Place of Business:

601 N.W. 2ND ST
GAINESVILLE, FL

New Principal Place of Business:

601 N.W. 2ND ST
GAINESVILLE, FL 32601

Current Mailing Address:

601 N.W. 2ND ST
GAINESVILLE, FL

New Mailing Address:

601 N.W. 2ND ST
GAINESVILLE, FL 32601

FEI Number: 59-3294331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, FRASIER R JR
18160 NW 59TH AVE
STARKE, FL 32091 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: P () Delete
Name: WILLIAMS, FRASIER R PASTOR
Address: 18160 NW 59TH AVE
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: WILLIAMS, MICHEL J
Address: 5124 GRANN LLOYD DR
City-St-Zip: JACKSONVILLE, FL 32209

Title: S () Delete
Name: BLOUNT, JOSEPHINE
Address: 601 NW 2ND STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: STEWART, ALFONZO
Address: 455 SE 6TH
City-St-Zip: LAKE BUTLER, FL

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: FRASIER R. WILLIAMS, JR.

P

01/05/2009

Electronic Signature of Signing Officer or Director

Date