

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011902

FILED
Apr 29, 2008
Secretary of State

Entity Name: THE REFINERS' WAY MINISTRIES INC.

Current Principal Place of Business:

815 LAKEVIEW DRIVE
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

815 LAKEVIEW DRIVE
DEFUNIAK SPRINGS, FL 32433

New Mailing Address:

FEI Number: 26-1541225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LISA C
776 CJ LAIRD ROAD
PONCE DE LEON, FL 32455 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: SMITH, JAMES K
Address: 776 CJ LAIRD RD
City-St-Zip: PONCE DE LEON, FL 32455

Title: D () Delete
Name: LIGHTNER, JOHNNY
Address: PO BOX 1609
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D () Delete
Name: NOWLING, CHRISTOPHER M
Address: 1801 COY BURGESS LOOP
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: JOINER, ERIC J
Address: 1619 WALTON ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: T () Delete
Name: SMITH, LISA C
Address: 776 CJ LAIRD ROAD
City-St-Zip: PEONCE DE LEON, FL 32455

Title: S () Delete
Name: NOWLING, CANDY L
Address: 1801 COY BURGESS LOOP
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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:

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: LISA C SMITH

T

04/29/2008

Electronic Signature of Signing Officer or Director

Date