


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N22218
 1. Entity Name
 CITY OF REFUGE CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business
 1105 N. RUTH AVENUE
 LAKELAND, FL 33805 US

Mailing Address
 P.O. BOX 24574
 LAKELAND, FL 33802 US

DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
 59-2809931 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JENKINS, WALTER R., JR.
 1105 N. RUTH AVE
 LAKELAND, FL 33802

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENKINS, WALTER R., JR. 743 CEDAR KNOLL DRIVE, NORTH LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JENKINS, DONNA S. 743 CEDAR KNOLL DRIVE, N. LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COMBES, WILLIE B. 2355 TEE CIR W. BARTOW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OXENDINE, BONNIE K 3424 MILNER DRIVE SOUTH LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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10000183782
 01/20/05-80004-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE: Walter R. Jenkins Jr. Date: 1/11/05 (803) 603-7250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR