

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25003** (7)

1. Corporation Name

REFUGE TEMPLE, INC.

Principal Place of Business

Mailing Address

**2708 N.W. 14 COURT
FT. LAUDERDALE FL 33311**

**2708 N.W. 14 COURT
FT. LAUDERDALE FL 33311**



3. Date Incorporated or Qualified

02/24/1988

4. FEI Number

65-0170361

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**MORTON, ANTHONY
3684 N.W. 32ND ST.
LAUDERDALE LAKES FL 33309**

10. Name and Address of New Registered Agent

81 Name

Louise A. Wiah

82 Street Address (P.O. Box Number is Not Acceptable)

2550 N.W. 15 Street

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33311

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Louise A. Wiah
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ELLISON, MATTIE	
STREET ADDRESS	2308 N.W. 13 COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WIAH, LOUISE A.	
STREET ADDRESS	2550 N.W. 15 ST #2	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	WHITFIELD, ROBERT	
STREET ADDRESS	2570 N.W. 15 ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	COLLINS, LISA	
STREET ADDRESS	2550 N.W. 15 ST #1	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	STEELE, ANGELA	
STREET ADDRESS	3851 NW 8 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	WHITFIELD, LOTTIE M	
STREET ADDRESS	2570 NW 15 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jeffery Gibbons	
1.3 STREET ADDRESS	2751 N.W. 13th Court	
1.4 CITY-ST-ZIP	Ft. Lauderdale FL 33311	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed on an attachment with an address.

SIGNATURE:

Jeffery Gibbons

3/1/98

(954) 730-9609

CR2E037 (10/97)