

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90039 005 ****61.25

DOCUMENT # N25003

1. Entity Name

REFUGE TEMPLE, INC.



Principal Place of Business

2412 NW 19 STREET
FT. LAUDERDALE FL 33310

Mailing Address

PO BOX 9686
FT. LAUDERDALE FL 33310

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0170361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIAH, LOUISE A
3008 NW 3RD STREET
POMPAHO BEACH FL 33069

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: V ☐ Delete
NAME: GIBBONS, JEFFREY
STREET ADDRESS: 1811 N.W. 9ST
CITY-STATE-ZIP: FT. LAUDERDALE FL 33311

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: T ☒ Delete
NAME: WHITFIELD, ROBERT
STREET ADDRESS: 2570 N.W. 15 ST
CITY-STATE-ZIP: FT. LAUDERDALE FL 33311

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: S ☐ Delete
NAME: COLLINS, LISA
STREET ADDRESS: 2550 N.W. 15TH ST., APT. #1
CITY-STATE-ZIP: FT. LAUDERDALE FL 33311

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: T ☐ Delete
NAME: STEELE, ANGELA
STREET ADDRESS: 3851 N.W. 6TH ST.
CITY-STATE-ZIP: FT LAUDERDALE FL 33377

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: T ☒ Delete
NAME: WHITFIELD, LOTTIE M
STREET ADDRESS: 2570 NW 15 STREET
CITY-STATE-ZIP: FT LAUDERDALE FL 33311

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: P ☐ Delete
NAME: WIAH, LOUISE
STREET ADDRESS: 3008 NW 3RD STREET
CITY-STATE-ZIP: POMPAHO BEACH FL 33069

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

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

SIGNATURE:

Louise A. Wiah

Date

Daytime Phone #