

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**FILED**
SECRETARY OF STATE
DIVISION OF CORPORATIONS**95 MAR 30 AM 10:44****DOCUMENT # N92000000563 (8)**

1. Corporation Name

REFUGE MINISTRIES, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/30/19923a. Date of Last Report
04/29/19944. FEI Number
59-3161410Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒**\$68.75** Supplemental
Fee Not Required8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

Principal Place of Business

Mailing Address

**1420 W. BURGER STREET
TAMPA FL 33604-1114
US****1420 W. BURGER STREET
TAMPA FL 33604-1114
US**

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEIGS, STEVEN D
1420 W. BURGER STREET
TAMPA FL 33604-1114**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**CD
MEIGS, STEVEN D
1420 W. BURGER ST.
TAMPA FL 33604**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**D
SPINNEY, WINTHROP J
7229 NORTHBRIDGE BLVD.
TAMPA FL 33615**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**D
TREMPEY, JONATHAN C
11314 MARJORY AVE.
TAMPA FL 33612**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**D
MCELROY, JAMES F
1050 PIRATE'S WAY
LAKELAND FL 33801**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 13, or as an attachment with an address.

SIGNATURE:

STEVEN D. MEIGS**3/27/95****813-930-0777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Optional Phone #)