

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90142 050 ****75.00

0028267

DOCUMENT # N93000002640

1. Entity Name
PENTECOSTAL REFUGE TEMPLE OF JESUS CHRIST, INC.



Principal Place of Business
**14430 NE 14TH AVE
NORTH MIAMI FL 33161**

Mailing Address
**14430 NE 14TH AVE
NORTH MIAMI FL 33161**

2. Principal Place of Business
Suite, Apt. #, etc.:

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**O'CONNOR, LLOYD
1446 NE 146 STREET
NORTH MIAMI FL 33161**

7. Name and Address of New Registered Agent

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 reinstating) DATE

~~FILE NOW: FEB 16 \$61.25~~

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

TITLE	S	<input type="checkbox"/> Delete
NAME	THOMAS, B	
STREET ADDRESS	14428 NE 14 AVE	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	V	<input type="checkbox"/> Delete
NAME	O'CONNOR, ZONA	
STREET ADDRESS	1446 NE 146TH AVE	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMAS, V	
STREET ADDRESS	14428 NE 14 AVE	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	T	<input type="checkbox"/> Delete
NAME	O'CONNOR, DINKINSH	
STREET ADDRESS	1446 NE 146TH AVE	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'CONNOR, ERROL	
STREET ADDRESS	14428 NE 14TH AVE	
CITY-ST-ZIP	N MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKENZIE, FLORY B	
STREET ADDRESS	14428 NE 14TH AVE	
CITY-ST-ZIP	N MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: *SIGNATURE REQUIRED*

CR2E037 (10/02)