

SECOND NOTICE: CORPORATION IS DEEMED DISSOLVED CORP. AFTER SE. 1
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001399 (4)

1. Corporation Name

REFUGE PINELLAS, INC.

Principal Place of Business

Mailing Address

328 9TH ST N
ST PETERSBURG FL 33705
US

657 16TH ST NW
LARGO FL 34640

APPROVED
AND
FILED

98 DEC -2 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

3. Date incorporated or qualified

03/17/1994

4. FEI Number

59-3281311

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

WILL, SCOTT

11831 30TH CT N

4TH FL TOWER

ST PETERSBURG FL 33716

81 Name

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

83

84 City

FL

85 Zip Code

33704

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11-20-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WRIGHT, BRUCE
STREET ADDRESS 4434 6TH AVE N
CITY-ST-ZIP ST PETERSBURG FL 33713

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
000002705810
-12/07/98--01143--009
****245.00 ****245.00

TITLE D
NAME WHITE, BRYAN W
STREET ADDRESS 657 16TH ST NW
CITY-ST-ZIP LARGO FL 34640

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Adam Wershowsky
608 Highland St NW Apt A
ST. Pete, FL 33701

TITLE D
NAME SHERROD, JOHN
STREET ADDRESS 546 88TH AVE. N. #4
CITY-ST-ZIP ST. PETERSBURG FL 33702

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
JACK WALL
300 Park Blvd
Oldsmar, FL 34677

TITLE D
NAME MCCUTCHEN, JOE
STREET ADDRESS 7809 N ORLEANS
CITY-ST-ZIP TAMPA FL 33604

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME WILKERSON, MARCUS
STREET ADDRESS 328 9TH ST N
CITY-ST-ZIP ST PETERSBURG FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Armand Lemieux
519 4 Ave S.
ST. Pete, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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)(f), 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, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

11/20/98

833 888-0020

Date

Daytime Phone #

CR2E037 (5/98)