

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90009 049 ****61.25

DOCUMENT # N94000001399

1. Entity Name

REFUGE PINELLAS, INC.

1 Faith Covenant Ministries

Principal Place of Business

328 9TH ST N
 ST PETERSBURG FL 33705
 US

Mailing Address

4434 6 AVE N
 ST. PETE FL 33705

2. Principal Place of Business

157 3rd St. N.

3. Mailing Address

4434 6 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Pete, FL

City & State

St. Pete, FL

4. FEI Number

59-3281311

☒ Applied For

☐ Not Applicable

Zip

33701

Country

Pinellas

Zip

33713

Country

Pinellas

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILL, SCOTT
 255 CATALAN BLVD NE
 ST. PETERSBURG FL 33704

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.

SIGNATURE

Scott Will

Scott Will

8/30/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be

Added to Fees

Make Check Payable to

Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

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

TITLE ☐ Delete

NAME **HALL, JACK**
 STREET ADDRESS **300 PARK BLVD**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Delete

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

TITLE ☒ Delete

NAME **LEMIEUX, ARMAND**
 STREET ADDRESS **519 4 AVE S**
 CITY-ST-ZIP **ST PETE FL 33701**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME *Joe McCutchen*
 STREET ADDRESS *Atlanta, Ga.*
 CITY-ST-ZIP

TITLE ☒ Change ☒ Addition

NAME *Jim Miley*
 STREET ADDRESS *24 Whitten Ave.*
 CITY-ST-ZIP *SPRINGFIELD, NJ*

TITLE ☐ Change ☒ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Bruce Wright

Bruce Wright

8/30/00

727 328 1025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)