

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001399

Entity Name: REFUGE PINELLAS, INC.

FILED
Oct 01, 2004
Secretary of State

Current Principal Place of Business:

4434 6 AVE N
SAINT PETERSBURG, FL 33705 US

New Principal Place of Business:

4224 28TH ST. NORTH
SAINT PETERSBURG, FL 33714 US

Current Mailing Address:

4434 6 AVE N
ST. PETE, FL 33705

New Mailing Address:

4224 28TH ST. NORTH
ST. PETE, FL 33714

FEI Number: 59-3281311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WRIGHT, BRUCE
Address: 4434 6TH AVE N
City-St-Zip: ST PETERSBURG, FL 33713

Title: D () Delete
Name: MCCUTCHEN, JOE
Address: 1543 HWY 138 S.E., SUITE 336
City-St-Zip: CONYERS, GA 30013

Title: D () Delete
Name: SYKES, MANUEL
Address: 2901 54 AVE S
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: D () Delete
Name: THOMPSON, DON
Address: 2215 SUNSET DRIVE
City-St-Zip: BRADENTON, FL 34207

Title: D () Delete
Name: MILEY, JIM
Address: 240 WHALEN AVE
City-St-Zip: SICKLERVILLE, NJ 08081

Title: D () Delete
Name: MILLER, GLENN
Address: 4224 28TH ST N
City-St-Zip: SAINT PETERSBURG, FL 33714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE WRIGHT

D

10/01/2004

Electronic Signature of Signing Officer or Director

Date