

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000064463

1. Corporation Name

City of Refuge ministries Inc

Principal Place of Business

Mailing Address

Howard Johnson Sarah Wilkes

501 SE 17th St 635 NW 10th Terr

2. Principal Place of Business

2a. Mailing Address

21 501 SE 17th St

26 PO Box 04 ???

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Ft land 71

28 Ft land 71

Zip

Country

Zip

Country

24 33316

25 Brow

29 33332-0004

30 Brow

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

Sept 19 1995

4. FEI Number

Applied For

65-0574234

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

Sarah Wilkes
635 NW 10th Terr
Ft land 71 33311

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 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

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME Pres Sarah Wilkes
STREET ADDRESS 635 NW 10th Terr
CITY-ST-ZIP Ft land 71 33311

TITLE ☒ DELETE
NAME VP. Roman Wilkes
STREET ADDRESS 635 NW 10th Terr
CITY-ST-ZIP Ft land 71 33311

TITLE ☒ DELETE
NAME Tia Agnes Jarrell
STREET ADDRESS 761 NE 41st Apt A
CITY-ST-ZIP Pompano 71

TITLE ☒ DELETE
NAME Sec. Brenda Sears
STREET ADDRESS 5016 NW 19th St
CITY-ST-ZIP Hollywood 71 33023

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

400001888854

-07/10/96--01013--030

***8.75

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500001888855

-07/10/96--01013--031

***61.25

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 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: Sarah Wilkes Sarah Wilkes 5-27-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-time Phone #

CR2E037 (12/95)