


FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N95000004463 (4)**

1. Corporation Name

**CITY OF REFUGE MINISTRIES, INC.**



Principal Place of Business

**501 SE 17TH STREET  
FORT LAUDERDALE FL 33316**

Mailing Address

**C/O SARAH WILKES  
635 NW 10TH TERR. POB 04  
FT. LAUDERDALE FL 33311-8016**

3. Date Incorporated or Qualified  
**09/15/1995**

3a. Date of Last Report  
**07/09/1996**

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

4. FEI Number  
**65-0574234**

Applied For  
☐ Not Applicable

**22**  
City & State

**27**  
City & State

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

**23**  
Zip Country

**28**  
Zip Country

**24** **25** **29** **30**  
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILKES, SARAH  
635 N.W. 10TH TERRACE  
FORT LAUDERDALE FL 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 *Sarah Wilkes*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-26-97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **P/D WILKES, SARAH**  
STREET ADDRESS **635 NW 10TH TERRACE**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VDT WILKES, ROMAN**  
STREET ADDRESS **635 NW 10TH TERRACE**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **T JARRELL, AGNES**  
STREET ADDRESS **701 NE 41 ST., APT. A**  
CITY-ST-ZIP **POMPANO FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **ST SEARS, BRENDA**  
STREET ADDRESS **501-D SW 19 STREET**  
CITY-ST-ZIP **HOLLYWOOD FL 33023**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 *Sandra B. Mortham*

**4-26-97** **19547993196**

CR2E037 (9/96)