

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT <b>1998.</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

98 NOV -5 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 1. Corporation Name	N95000004463 <b>City of Refuge Ministries Inc</b>
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Principal Place of Business <b>3324 West Broward Blvd Ft Lauderdale, FL 33311</b>	Mailing Address <b>2800 NW 56 Ave H107 Lauderhill FL 33313</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>Sarah Wilkes 2800 NW 56 Ave H107 Lauderhill FL, 33313</b>
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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)

12. OFFICERS AND DIRECTORS	
TITLE	D. <input type="checkbox"/> DELETE
NAME	<b>Sarah Wilkes</b>
STREET ADDRESS	<b>2800 NW 56 Ave H107</b>
CITY-ST-ZIP	<b>Lauderhill FL 33313</b>
TITLE	VIC President T. <input type="checkbox"/> DELETE
NAME	<b>Roman Wilkes</b>
STREET ADDRESS	<b>2800 NW 56 Ave H107</b>
CITY-ST-ZIP	<b>Lauderhill FL 33313</b>
TITLE	T. <input type="checkbox"/> DELETE
NAME	<b>Agnes Jarrett</b>
STREET ADDRESS	<b>701 NE 41st St Apt A</b>
CITY-ST-ZIP	<b>Dampiano FL 33064</b>
TITLE	Sac T. <input type="checkbox"/> DELETE
NAME	<b>Brenda Sears</b>
STREET ADDRESS	<b>5018 SW 19th St</b>
CITY-ST-ZIP	<b>Hollywood FL 33023</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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)(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: **Sarah Wilkes**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3. Date Incorporated or Qualified <b>Sept 19, 1995</b>
4. FEI Number <b>65-0610645</b>
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<b>Ass Treasurer T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Marquet Wilks</b>
13 STREET ADDRESS	<b>2800 NW 56 Ave H107 F202</b>
14 CITY-ST-ZIP	<b>Lauderhill FL 33313</b>
21 TITLE	<b>Ass Sec T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Bernadine Thomas</b>
23 STREET ADDRESS	<b>2800 NW 56 Ave H306</b>
24 CITY-ST-ZIP	<b>Lauderhill FL 33313</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>400002684684--6</b>
33 STREET ADDRESS	<b>-11/10/98--01069--013</b>
34 CITY-ST-ZIP	<b>*****61.25 *****61.25</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>400002684684--6</b>
43 STREET ADDRESS	<b>-11/10/98--01069--014</b>
44 CITY-ST-ZIP	<b>*****8.75 *****8.75</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

15. **11/8/98 AN**

Date **10-12-98** Daytime Phone #

CR2E037 (5/98)