

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90051 009 \*\*\*\*70.00

**DOCUMENT # N95000004463**

1. Corporation Name

**CITY OF REFUGE MINISTRIES, INC.**

Principal Place of Business

**3324 WEST BROWARD BLVD.  
FORT LAUDERDALE FL 33311**

Mailing Address

**2800 NW 56 AVE.  
H 107  
LAUDERHILL FL 33313**



2. Principal Place of Business

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

**23** City & State

**24** Zip **25** Country

2a. Mailing Address

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

**27** City & State

**28** Zip **29** Country

3. Date Incorporated or Qualified

**09/15/1995**

4. FEI Number

**65-0610645**

Applied For  
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

9. Name and Address of Current Registered Agent

**WILKES, SARAH  
2800 NW 56 AVE H107  
LAUDERHILL FL 33311**

10. Name and Address of New Registered Agent

**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

**4-5-99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **WILKES, SARAH**  
CITY-ST-ZIP **2800 NW 56 AVE. H107  
LAUDERHILL FL 33311**

TITLE ☐ DELETE  
NAME **VPT**  
STREET ADDRESS **WILKES, ROMAN**  
CITY-ST-ZIP **2800 NW 56 AVE H107  
LAUDERHILL FL 33311**

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **JARRETT, AGNES**  
CITY-ST-ZIP **701 NE 41 ST., APT. A  
POMPANO FL 33064**

TITLE ☐ DELETE  
NAME **ST**  
STREET ADDRESS **SEARS, BRENDA**  
CITY-ST-ZIP **5010 SW 19 STREET  
HOLLYWOOD FL 33023**

TITLE ☐ DELETE  
NAME **ASST**  
STREET ADDRESS **WILKES, MARGRET**  
CITY-ST-ZIP **2800 NW 56 AVE F202  
LAUDERHILL FL 33313**

TITLE ☐ DELETE  
NAME **ASST**  
STREET ADDRESS **THOMAS, BERNADINE**  
CITY-ST-ZIP **2800 NW 56 AVE M306  
LAUDERHILL FL 33313**

13.

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

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with a power like empowered.

SIGNATURE: *Sarah Wilkes* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0037562