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Apr 28, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

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		2a. Mailing Address		3. Date Incorporated or Qualified 09/15/1995	
21	Suite, A or #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0610645	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WILKES, SARAH 2800 NW 56 AVE H107 LAUDERHILL FL 33311				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 DATE: 4-5-99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILKES, SARAH		1.2 NAME		
STREET ADDRESS	2800 NW 56 AVE. H107		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33131		1.4 CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILKES, ROMAN		2.2 NAME		
STREET ADDRESS	2800 NW 56 AVE H107		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33131		2.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JARRETT, AGNES		3.2 NAME		
STREET ADDRESS	701 NE 41 ST., APT. A		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO FL 33064		3.4 CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEARS, BRENDA		4.2 NAME		
STREET ADDRESS	5010 SW 19 STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33023		4.4 CITY-ST-ZIP		
TITLE	ASST	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILKES, MARGRET		5.2 NAME		
STREET ADDRESS	2800 NW 56 AVE F202		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33313		5.4 CITY-ST-ZIP		
TITLE	ASST	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, BERNADINE		6.2 NAME		
STREET ADDRESS	2800 NW 56 AVE M306		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33313		6.4 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, with a letter like empowered.

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

DATE: 4-5-99
 DAYTIME PHONE #

CR2E037 (11/98)