

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004463

1. Entity 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 33313-2353

2. Principal Place of Business

2926 NW 12 ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

FL Laud FL

City & State

Zip

33311

Country

Broward

Country

4. FEI Number

65-0610645

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

WILKES, SARAH  
2800 NW 56 AVE H107  
LAUDERHILL FL 33311

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Sarah Wilkes  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-8-00

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WILKES, SARAH	
STREET ADDRESS	2800 NW 56 AVE. H107	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	WILKES, ROMAN	
STREET ADDRESS	2800 NW 56 AVE H107	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	T	<input type="checkbox"/> Delete
NAME	JARRETT, AGNES	
STREET ADDRESS	701 NE 41 ST., APT. A	
CITY-ST-ZIP	POMPANO FL 33064	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SEARS, BRENDA	
STREET ADDRESS	5010 SW 19 STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	ASST	<input checked="" type="checkbox"/> Delete
NAME	WILKES, MARGRET	
STREET ADDRESS	2800 NW 56 AVE F202	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	ASST	<input type="checkbox"/> Delete
NAME	THOMAS, BERNADINE	
STREET ADDRESS	2800 NW 56 AVE M306	
CITY-ST-ZIP	LAUDERHILL FL 33313	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 26, 2000 8:00 am  
Secretary of State

05-26-2000 90127 048 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)