

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90368 050 \*\*\*\*61.25

0046463

**DOCUMENT # N95000004463**

1. Entity Name

**CITY OF REFUGE MINISTRIES, INC.**

Principal Place of Business

Mailing Address

**2920 NW 12 ST.  
 FORT LAUDERDALE FL 33311**

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

**766901**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**815 NW 57th Street**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**7th Lauderdale FL**

City & State

4. FEI Number

**65-0610645**

Applied For

Not Applicable

Zip

**33306**

Country

**Broward**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

**5-7-01**

**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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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STREET ADDRESS	
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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: **Sarah Wilkes** **REQUIRED**

**5-7-01 (954) 486-6935**

CR2E037 (10/00)