

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90452 041 \*\*\*\*61.25

**DOCUMENT # N95000004463**

1. Entity Name

CITY OF REFUGE MINISTRIES, INC.



Principal Place of Business

2800 NW 56 AVE #107  
FORT LAUDERDALE FL 33317

Mailing Address

2800 NW 56 AVE.  
H 107  
LAUDERHILL FL 33313

2. Principal Place of Business

3  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILKES, SARAH	
STREET ADDRESS	2800 NW 56 AVE. H107	
CITY-ST-ZIP	LAUDERHILL FL 33131	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	WILKES, ROMAN	
STREET ADDRESS	2800 NW 56 AVE H107	
CITY-ST-ZIP	LAUDERHILL FL 33131	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JARRETT, AGNES	
STREET ADDRESS	701 NE 41 ST., APT. A	
CITY-ST-ZIP	POMPANO FL 33064	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SEARS, BRENDA	
STREET ADDRESS	5010 SW 19 STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
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"/> 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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter Wilkes	
STREET ADDRESS	2800 NW 56 Ave Apt H107	
CITY-ST-ZIP	Lauderhill, FL 33313	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Everett	
STREET ADDRESS	704 NW 22nd RD	
CITY-ST-ZIP	FL Lauderdale, FL 33311	
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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-24-04*

Date

Daytime Phone #