

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90128 001 ***131.25

DOCUMENT # N95000004463

1. Entity Name

CITY OF REFUGE MINISTRIES, INC.



Principal Place of Business

**615 NW 57TH STREET
FORT LAUDERDALE FL 33306**

Mailing Address

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

2. Principal Place of Business

2800 NW 56 Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-4-03

FILE NOW: FEE IS \$61.25

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

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 33311	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	WILKES, ROMAN	
STREET ADDRESS	2800 NW 56 AVE H107	
CITY-ST-ZIP	LAUDERHILL FL 33311	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JARRETT, AGNES	
STREET ADDRESS	701 NE 41 ST., APT. A	
CITY-ST-ZIP	POMPAHO 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 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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

5-4-03

CR2E037 (10/02)