

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001971 (8)

1. Corporation Name
GOD'S REFUGE, INC.



Principal Place of Business Mailing Address
819 Spicewood Drive
Lakeland, Fl 33801

3. Date Incorporated or Qualified 04/08/1996	3a. Date of Last Report
4. FEI Number EIN 59-3392715	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

BOYETTE, KRISTINE
350 Lakewood
Brandon Fl 33510

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	Kristine Boyette	
STREET ADDRESS	350 Lakewood	
CITY-ST-ZIP	Brandon, Fl 33510	
TITLE	V	<input type="checkbox"/> DELETE
NAME	zenola Howard	
STREET ADDRESS	3304 Ballast Pt Blvd	
CITY-ST-ZIP	Tampa, Fl 33611	
TITLE	T & S	<input type="checkbox"/> DELETE
NAME	Teresa Sykes	
STREET ADDRESS	819 Spicewood Drive	
CITY-ST-ZIP	Lakeland, Fl 33801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Timothy Boyette	
STREET ADDRESS	350 lakewood Brandon, Fl 33510	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE
NAME	Doris Devoe	
STREET ADDRESS	1405 Buckwood Ct Brandon, Fl 33510	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE
NAME	Queen Austin	
STREET ADDRESS	1220 Meridel St	
CITY-ST-ZIP	Tampa, Fl 33612	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

800002158578
-04/29/97--01046--052
***61.25

14. I do 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.

SIGNATURE: *Kristine Boyette* 3-21-97 - 813-648-2071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048508

CR2E037 (9/96)