

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 23 1998 8:00am
 Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001971 (8)
 1. Corporation Name
GOD'S REFUGE MINISTRIES, INC.



Principal Place of Business 2602 DR. MARTIN L. KING BLVD. #A TAMPA FL 33610	Mailing Address PO BOX 78028 TAMPA FL 33619-0028
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3. Date Incorporated or Qualified 04/08/1996	4. FEI Number 59-3392715	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

FL

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 617.0803, Florida Statutes.

SIGNATURE: *Kristine Boyette - Pastor* DATE: *7-26-98*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME BOYETTE, KRISTINE	
STREET ADDRESS 350 LAKEWOOD	
CITY-ST-ZIP BRANDON FL 33510	
TITLE V	<input type="checkbox"/> DELETE
NAME HOWARD, ZENOLA	
STREET ADDRESS 3304 BALLAST PT BLVD	
CITY-ST-ZIP TAMPA FL 33611	
TITLE FS	<input type="checkbox"/> DELETE
NAME SYKES, TERESA	
STREET ADDRESS 819 SPICEWOOD DRIVE	
CITY-ST-ZIP LAKELAND FL 33801	
TITLE D	<input type="checkbox"/> DELETE
NAME BOYETTE, TIMOTHY	
STREET ADDRESS 350 LAKEWOOD	
CITY-ST-ZIP BRANDON FL 33510	
TITLE D	<input type="checkbox"/> DELETE
NAME DEVOE, DORIS	
STREET ADDRESS 1405 BUCKWOOD CT	
CITY-ST-ZIP BRANDON FL 33510	
TITLE D	<input type="checkbox"/> DELETE
NAME REDDICK, WALTER JR	
STREET ADDRESS 1304 S. DAKOTA AVENUE	
CITY-ST-ZIP LAKELAND FL 33802	

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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* DATE: *7-26-98* DAYTIME PHONE #: *643-2071*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/98)