2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # N9600001971 1. Entity Name GOD'S REFUGE MINISTRIES, INC. 05-17-2000 90915 044 ****61.25 Principal Place of Business Mailing Address PO BOX-3732 2802 DR. MARTIN L. KING BLVD. #A BRANDON FL 33509-3732 **TAMPA FL 33610** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3392715 ampa Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required is horou 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BOYETTE, KRISTINE 350 LAKEWOOD **BRANDON FL 33510** Zip Code City 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. THINKS IN THE 강화 한 924 (H) (J SS) SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change Addition ☐ Delete TITLE TITLE TANGELA RAIFORD BOYETTE, KRISTINE NAME NAME STREET ADDRESS STREET ADDRESS 350 LAKEWOOD 3808 HIGHGATE DRIVE CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33510** VELRICO, FLORIDA ☐ Change Addition ☐ Delete TITLE TITLE HOWARD, ZENOLA NAME NAME STREET ADDRESS STREET ADDRESS 3304 BALLAST PT BLVD CITY_ST-7IP CITY-ST-ZIP TAMPA FL 33611. Addition ☐ Change ☐ Delete TITLE TITLE SYKES, TERESA NAME NAME STREET ADDRESS 819 SPICEWOOD DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 ☐ Addition ☐ Change ☐ Delete TITLE BOYETTE, TIMOTHY NAME NAME STREET ADDRESS STREET ADDRESS 350 LAKEWOOD CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33510** ☐ Delete TITLE Change Addition TITLE DEVOE, DORIS NAME NAME STREET ADDRESS STREET ADDRESS 1405 BUCKWOOD CT CITY-ST-ZIP CITY-ST-ZIF **BRANDON FL 33510** ☐ Change Addition ☐ Delete TIT! F TITLE REDDICK, WALTER JR NAME NAME STREET ADDRESS STREET ADDRESS 1304 S. DAKOTA AVENUE CITY-ST-7IP CITY-ST-ZIP Lakeland FL 33802 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.