

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90017 009 ****61.25

DOCUMENT # N96000001971

1. Entity Name

GOD'S REFUGE MINISTRIES, INC.

Principal Place of Business

Mailing Address

3835 NORTH 50TH STREET
 TAMPA FL 33610

PO BOX 3732
 BRANDON FL 33509-3752

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3392715

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYETTE, KRISTINE
350 LAKEWOOD
BRANDON FL 33510

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.

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

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	
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
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: *Kristine Boyette* 05-05-01 813475-2671

CR2E037 (10/00)