

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****3835 NORTH 50TH STREET
TAMPA FL 33610****Mailing Address****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****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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	P	BOYETTE, KRISTINE	350 LAKEWOOD BRANDON FL 33510	<input type="checkbox"/>
	V	HOWARD, ZENOLA	3304 BALLAST PT BLVD TAMPA FL 33611	<input type="checkbox"/>
	FS	SYKES, TERESA	819 SPICEWOOD DRIVE LAKE LAND FL 33801	<input type="checkbox"/>
	D	BOYETTE, TIMOTHY	350 LAKEWOOD BRANDON FL 33510	<input type="checkbox"/>
	D	DEVOE, DORIS	1405 BUCKWOOD CT BRANDON FL 33510	<input type="checkbox"/>
	D	REDDICK, WALTER JR	1304 S. DAKOTA AVENUE LAKE LAND FL 33802	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)