

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001971

FILED  
Mar 30, 2010  
Secretary of State

**Entity Name:** GOD'S REFUGE MINISTRIES, INC.

**Current Principal Place of Business:**

1014 MLK BLVD  
SEFFNER, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3732  
BRANDON, FL 335093752

**New Mailing Address:**

**FEI Number:** 59-3392715

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOYETTE, CHRISTINE  
1923 SAWMILL ROAD  
BRANDON, FL 33510 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: M  
Name: HOWARD, ZENOLA  
Address: 2006 PLANATION KEY CIRCLE #201  
City-St-Zip: BRANDON, FL 33511

Title: FA  
Name: RAIFORD, TANGELA  
Address: 3808 HIGHLAND GATE DRIVE  
City-St-Zip: VALRICO, FL 33594

Title: D  
Name: BOYETTE, TIMOTHY  
Address: 1923 SAWMILL ROAD  
City-St-Zip: BRANDON, FL 33510

Title: D  
Name: BRITT, TRACIE  
Address: 1011 NASSUA ST.  
City-St-Zip: TAMPA, FL 33607

Title: M  
Name: REDDICK, WALTER JR  
Address: 1969 CRYSTAL GROVE DR APT #99  
City-St-Zip: LAKELAND, FL 33801

Title: S  
Name: BALDWIN, TIFFANY  
Address: PO BOX1031  
City-St-Zip: SEFFNER, FL 33583

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINE BOYETTE

PAST

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date