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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002995 (6)

1. Corporation Name

CITY OF REFUGE FOUNDATION INC.



Principal Place of Business 126 E COLONIAL DRIVE ORLANDO FL 32801	Mailing Address 126 E COLONIAL DRIVE ORLANDO FL 32801-1234
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3. Date Incorporated or Qualified 06/03/1996	3a. Date of Last Report
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHINDOLL, HAROLD L 126 E COLONIAL DRIVE ORLANDO FL 32801		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACHTSTETTER, MARK	1.2 NAME	WACHTSTETTER, MARK
STREET ADDRESS	621 S BROAD ST	1.3 STREET ADDRESS	621 S. BROAD ST
CITY-ST-ZIP	GRIFFITH IN 46319	1.4 CITY-ST-ZIP	GRIFFIN, IN 46319
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHINDOLL, HAROLD	2.2 NAME	SHINDOLL, HAROLD
STREET ADDRESS	4601 JUDY CT	2.3 STREET ADDRESS	4601 JUDY CT.
CITY-ST-ZIP	ORLANDO FL 32809	2.4 CITY-ST-ZIP	ORLANDO, FL. 32839
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACHTSTETTER, CAROLYN	3.2 NAME	WACHTSTETTER, CAROLYN
STREET ADDRESS	621 S BROAD ST	3.3 STREET ADDRESS	621 S. BROAD ST.
CITY-ST-ZIP	GRIFFITH IN 46319	3.4 CITY-ST-ZIP	GRIFFIN, IN. 46319
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	ST/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHINDOLL, FLORALEE	4.2 NAME	SHINDOLL, FLORALEE
STREET ADDRESS	4601 JUDY CT	4.3 STREET ADDRESS	4601 JUDY CT.
CITY-ST-ZIP	ORLANDO FL 32809	4.4 CITY-ST-ZIP	ORLANDO, FL. 32839
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 _____ 11 19 97 11-2-97 11-2-97

CR2E037 (9/96)