

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 OCT -6 PM 12:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # N96000006122 (3)

1. Corporation Name

REFUGE FULL GOSPEL MINISTRIES, INC.

Principal Place of Business

Mailing Address

1130 48TH STREET
 MAGNOLIA PARK FL 33407

1130 48TH STREET
 MAGNOLIA PARK FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/25/1996	3a. Date of Last Report N/A
4. FEI Number 65-0714625	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BISHOP DAVID J. FERGUSON
1130 48TH STREET
MAGNOLIA PARK FL 33407

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

300002317693--3

83

--10/10/97--01094--010

84 City

*******61.25 *****61.25**

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D	<input type="checkbox"/> DELETE
NAME ELDER MILETTE T. FERGUSON	
STREET ADDRESS 1130 48TH STREET	
CITY-ST-ZIP MAGNOLIA PARK FL 33407	
TITLE D	<input type="checkbox"/> DELETE
NAME DEACON ROY RIDLEY	
STREET ADDRESS P.O. BOX 782	
CITY-ST-ZIP PRINCESS ANNE MD 21853	
TITLE D	<input type="checkbox"/> DELETE
NAME BISHOP DAVID J. FERGUSON	
STREET ADDRESS 1130 48TH STREET	
CITY-ST-ZIP MAGNOLIA PARK FL 33407	
TITLE D	<input type="checkbox"/> DELETE
NAME MARY ROBERTA CHRISTIAN	
STREET ADDRESS 641 53RD STREET	
CITY-ST-ZIP WEST PALM BEACH FL 33407	
TITLE D	<input type="checkbox"/> DELETE
NAME ROSE LOFTON	
STREET ADDRESS P.O. BOX 4432	
CITY-ST-ZIP SALISBURY MD 21803	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	P.O. Box 782
2.4 CITY-ST-ZIP	PRINCESS ANNE, MD 21853
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	Rose Lofton
5.4 CITY-ST-ZIP	P.O. Box 4432
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Salisbury, MD 21803
6.3 STREET ADDRESS	
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 **David J. Ferguson** DATE **10-8-97**

CR2E037 (4/97)