

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2005 8:00 am
Secretary of State

06-15-2005 90096 027 ****70.00

DOCUMENT # N97000001291	
1. Entity Name SANCTUARY OF REFUGE PRAYER MISSION, INC.	



Principal Place of Business 6960 NW 19 AVE MIAMI, FL 33168	Mailing Address P.O. BOX 680553 MIAMI, FL 33168
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2. Principal Place of Business 2955 NW 54 ST	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State MIAMI FL	City & State
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Zip 33142	Country DADE	Zip	Country
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03292005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0734666	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	DATE _____
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**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLE, ELDER GLENN A	NAME	
STREET ADDRESS	12300 NORTHWEST 2 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI, FL 33168	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERS, IMANI	NAME	
STREET ADDRESS	12300 NORTHWEST 2 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI, FL 33168	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLE, PAULETTE K EVAN.	NAME	
STREET ADDRESS	12300 NORTHWEST 2 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI, FL 33168	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, LOUISE	NAME	
STREET ADDRESS	8255 NW MIAMI CY #417	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33150	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Paulette K. Rolle*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAULETTE K. ROLLE

Date

Daytime Phone #

3-29-05 685-3026