## '2005 NOT-FOR-PROFIT CORPORATION

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

AIII YA IN YIN								Secretary or state				
DOCUMENT # N9700001291  1. Entity Name SANCTUARY OF REFUGE PRAYER MISSSION, INC.								1	06-15-200	5 90096	027 ****70	0.00
Principal Place of Business 6960 NW 19 AVE MIAMI, FL 33168			Mailing Address P.O. BOX 680553 MIAMI, FL 33168					1 1381/131 818 1811	1 1 <b>2 2</b> 4 2 2 11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1214 88M 85361	118 (2 118 1 8 118 1 118 1 118 1 118 1 118 1 1	IMBL BI IB <b>e</b> i
2. Principal Place of Business 54 ST			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					03292005	Chg-NP	CR2E	037 (10/03)	
City & State MIAMI FL			City & State					4. FEI Number Applied For 65-0734666 Not Applicable				
<sup>Zip</sup> 33	142	DADE	Zip		Cou	intry		5. Certificate of S	Status Desired	ı 🗆	\$8.75 Add Fee Require	
	6. Name	and Address of Current F	Registere	d Agent		<u> </u>		7. Name and Ad	dress of New	Registered	Agent	
						Name						
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134				L			et Address (P.O. Box Number is Not Acceptable)					
						City				F	L Zip Code	е
	named entity ions of regist	y submits this statement for ered agent.	the purp	ose of changing its	egister	ed office or reg	gistere	ed agent, or both, i	n the State of	Florida. I an	n familiar with,	and accept
SIGNATURE										.		
Filing Fee is \$61.25 9. Election Campa Due by May 1, 2005 Trust Fund Cont					Registere	d Agent signature re	equired v	when reinstating)		DATE		
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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

GIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LE

13-09 685-3024 Daytima Phone #