


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90057 027 ****61.25

DOCUMENT # N97000003820	
1. Entity Name THE CITY OF REFUGE CHURCH, INC.	

Principal Place of Business 504 EMERALD RD. OCALA FL 34472	Mailing Address PO BOX 422 CANDLER FL 32111
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number 59-2848700	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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 THOMAS. RUTH 9080 SE 88 ST OCALA FL 34472	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By: May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S THOMAS, LORRAINE 9080 SE 88TH ST OCALA FL 34472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOYLEY, WILLIAM J 96 PINE COURSE OCALA FL 34472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLE, VIVIAN 476 COMFORT DR. APOPKA FL 32778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMPSON, JEANNETTE Q350 SW 5TH ST. OCALA FL 34473 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Thomas Lorraine Thomas* 4-10-07 352-687-2615

ATTACHMENT

40065174

#N97000003820

2017-02-01

02-01-07 10:11 FROM: MUEL 911 Management

3520203400

1-023 P004/004 F-052



**Marion County
Board of County Commissioners
9-1-1 Management Department**

2630 SE 3rd Street • Ocala, FL 34471-2699
(352) 671-8460 • Suncom 667-3400 • Fax (352) 620-3460



February 1, 2007

International Property Services

Att: Patty

Faxed letter

RE: CHANGE OF ADDRESS

Parcel Account Number: 9011-0000-02

Subdivision Name: Silver Springs Shores Unit 11 (City of Refuge Church)

Lot(s): Tract Y

Dear City of Refuge Church/ARN 298062:

We are addressing many previously unaddressed structures and correcting errors. When verifying the area your address was found to be incorrect.

YOUR EXISTING ADDRESS

504 Emerald Road

YOUR NEW ADDRESS

9495 SE Maricamp Road

Contact Ocala Post Office for your method of mail delivery and zip code.

The telephone company has been notified of the new address to update the 9-1-1 System. Please contact the business office or your telephone company to update your mailing address. To obtain a replacement drivers license that reflects your new address, take this letter with you. There is no charge if this change is due to government action if you go to the State Drivers Licenses Division (located at 110 SE 25th Avenue, Ocala, FL). The post office should be notified of this address change and should honor the old address for one year. If mail delivery problems arise, please contact the post office directly.

Your house numbers need to be seen!!! Ask yourself this question – at 2:00am on a dark night will people in a fire truck or ambulance be able to see the numbers as they drive past? If not, the help you are waiting for might not be able to find you! County Ordinance (#04-24) requires numbers at least 6" high and a color that contrasts with the color of your structure. If the structure is 50' or more from the street, the number shall be affixed to a permanent fixture located near the front walk, driveway or common entrance to said structure.

If you have any questions about your address change, please have this letter in front of you when calling. Marion County apologizes for any inconvenience this change causes.

The reason for the change is: The ^{only} access to this church is from SE Maricamp Road and all businesses on parcel should have their own individual address.

Sincerely,

Rebecca S. Passage

Rebecca S. Passage

9-1-1 Addressing Specialist I