


FILE NOW: FILING FEE IS \$61.25

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Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90029 010 \*\*\*\*61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999  |  |         |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
| DOCUMENT # N97000004095   |  |  |  |  |  |
| 1. Corporation Name<br>THE CHURCH OF REFUGE, INC.   |  |  |  |  |  |
| Principal Place of Business<br>15701 S.W. 106TH AVE.<br>MIAMI FL 33157  |  |  | Mailing Address<br>15701 S.W. 106TH AVE.<br>MIAMI FL 33157   |  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24   |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |  | 3. Date Incorporated or Qualified<br>07/21/1997<br>4. FEI Number<br>65-0769038<br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 9. Name and Address of Current Registered Agent<br>WOODARD, ROBERT E<br>15701 S.W. 106TH AVE.<br>MIAMI FL 33157   |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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<br>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 PCD<br>NAME WOODARD, ROBERT E.<br>STREET ADDRESS 15701 SW 106TH AVE<br>CITY-ST-ZIP MIAMI FL 33157   |  |  | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP   |  |  |
| TITLE VPD<br>NAME WOODARD, VALARIE E.<br>STREET ADDRESS 15701 SW 106TH AVE<br>CITY-ST-ZIP MIAMI FL 33157  |  |  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP   |  |  |
| TITLE ESD<br>NAME JONES, ALFRED<br>STREET ADDRESS 4150 NW 7TH ST, SUITE 408<br>CITY-ST-ZIP CORAL GABLES FL 33126  |  |  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP   |  |  |

14. 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 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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED ROBERT E. WOODARD 04-08-99 (305) 251-8416  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)