
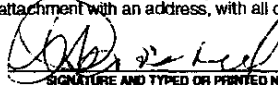


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90019 030 ****61.25

| | | | |
|---|---|---|---|
| DOCUMENT # N97000004095 1. Entity Name THE CHURCH OF REFUGE, INC. | |  | |
| Principal Place of Business 15701 S.W. 106TH AVE. MIAMI, FL 33157 | | Mailing Address 15701 S.W. 106TH AVE. MIAMI, FL 33157 | |
| 2. Principal Place of Business 670 GREEN VALLEY ROAD Suite, Apt. #, etc. F3 | | 3. Mailing Address P.O. Box 1632 Suite, Apt. #, etc. N/A | |
| City & State PALM HARBOR, FL Zip 34683 Country USA | | City & State PALM HARBOR, FL Zip 34682-1632 Country USA | |
| 4. FEI Number 65-0769038 | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WOODARD, ROBERT E 15701 S.W. 106TH AVE. MIAMI, FL 33157 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 670 GREEN VALLEY ROAD - F3 City PALM HARBOR FL Zip Code 34683 | |
| 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 _____ | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 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 | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE PCD <input type="checkbox"/> Delete NAME WOODARD, ROBERT E. STREET ADDRESS 15701 SW 106TH AVE CITY-ST-ZIP MIAMI, FL 33157 | TITLE VPD <input type="checkbox"/> Delete NAME WOODARD, VALARIE E. STREET ADDRESS 15701 SW 106TH AVE CITY-ST-ZIP MIAMI, FL 33157 | TITLE ESD <input type="checkbox"/> Delete NAME JONES, ALFRED STREET ADDRESS 4150 NW 7TH ST, SUITE 408 CITY-ST-ZIP CORAL GABLES, FL 33126 | TITLE VPD <input type="checkbox"/> Delete NAME WOODARD, VALARIE E. STREET ADDRESS 15701 SW 106TH AVE CITY-ST-ZIP MIAMI, FL 33157 |
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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:  | | APRIL 09, 2004 727-785-1373 Date Daytime Phone # | |