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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005663 (6)**

1. Corporation Name

**REFUGE UNITED CHURCH OF JESUS CHRIST (APOSTOLIC)
, INC.**

Principal Place of Business

Mailing Address

**2526B TAMiami TRAIL
PORT CHARLOTTE FL 33954**

**2526B TAMiami TRAIL
PORT CHARLOTTE FL 33954**

3. Date Incorporated or Qualified

09/30/1997

4. FEI Number

65-0789340

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2526B TAMiami TRAIL

26 2526B TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 PORT CHARLOTTE, FL

28 PORT CHARLOTTE, FL

Zip

Country

Zip

Country

24 33952

25 CHARLOTTE

29 33952

30 CHARLOTTE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DIXON, AQUILA
458 SANTIGUAY ST.
PUNTA GORDA FL 33983**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

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

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 ☐ DELETE

**TAMELA MAPP
25553 RYSEN DRIVE
PUNTA GORDA, FL 33983**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**AQUILA DIXON
458 SANTIGUAY ST
PUNTA GORDA, FL 33983**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**FAY B DIXON
458 SANTIGUAY ST.
PUNTA GORDA, FL 33983**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

AQUILA DIXON

APRIL 06/98

(941) 764-1506

CP2E037 (10/97)