

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90216 043 ****61.25

DOCUMENT # N97000005953

1. Entity Name

HOUSE OF REFUGE HOLY CHURCH OF THE LIVING GOD, I NC.

Principal Place of Business

Mailing Address

**5631 COMMERCE STREET
 JACKSONVILLE FL 32211**

**5631 COMMERCE STREET
 JACKSONVILLE FL 32211**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3473460**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, FRED JR.
 8151 ALDERMAN ROAD
 APT. 1305
 JACKSONVILLE FL 32211**

Name **Brown, Fred Jr.**

Street Address (P.O. Box Number is Not Acceptable)

**7844 Rocky Fort Trail
 Jacksonville**

City

FL Zip Code **32277**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **B** ☐ Delete
 NAME **BROWN, FRED JR**
 STREET ADDRESS **7844 ROCKY FORT TRAIL**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BROWN, YVONNE**
 STREET ADDRESS **7844 ROCKY FORT TRAIL**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **ALLISON, GARDNER**
 STREET ADDRESS **1749 SPRINKLE DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **ALLISON, NELLIE**
 STREET ADDRESS **1749 SPRINKLE DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LAMBERT, GREGORY**
 STREET ADDRESS **3536 DAWSON ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **STAFFORD, SPENCER**
 STREET ADDRESS **4753 WESCH BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32212**

TITLE **Director** ☒ Change ☐ Addition
 NAME **Mosley, John**
 STREET ADDRESS **2531 Barnett St.**
 CITY-ST-ZIP **Jacksonville, FL 32209**

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:

Fred Brown Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02 (904) 743-3919
 Date Daytime Phone #

CR2E037 (9/01)