

2000 UNIFORM BUSINESS REPORT (UBR)

2.

DOCUMENT # N99000005939

1. Entity Name

THE HOUSE OF REFUGE MINISTRIES, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

02-27-2000 90076 029 ****61.25

Principal Place of Business

11532 BIRCH FOREST CIRCLE E.
JACKSONVILLE FL 32218

Mailing Address

11532 BIRCH FOREST CIRCLE E.
JACKSONVILLE FL 32218-3380

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3602091

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSH, JACOB JR.
11532 BIRCH FOREST CIRCLE, E.
JACKSONVILLE FL 32218

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	PASTOR/FOUNDER/CEO	<input type="checkbox"/> Delete
NAME	JACOB BUSH, JR.	
STREET ADDRESS	11532 Birch Forest Cir. East	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	(D)
TITLE	VICE CHAIRMAN	<input type="checkbox"/> Delete
NAME	Demetris S. Edwards	
STREET ADDRESS	6623 N. Brandemere Rd.	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	(D)
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	ERICKA M. Edwards	
STREET ADDRESS	6623 N. Brandemere Rd.	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	(T)
TITLE	ADVISORY	<input type="checkbox"/> Delete
NAME	George Peterson	
STREET ADDRESS	P.O. BOX 12577	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	(D)
TITLE	EXECUTIVE Administrator	<input type="checkbox"/> Delete
NAME	CASSANDRA L Bush	
STREET ADDRESS	11532 Birch Forest Cir E.	
CITY-ST-ZIP	32218	(D)
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/00

Date

Daytime Phone #

CR2E037 (9/99)