

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

0012140

DOCUMENT # N99000005939

1. Entity Name

THE HOUSE OF REFUGE MINISTRIES, INC.

02-21-2001 90066 028 ****70.00

Principal Place of Business

**11532 BIRCH FOREST CIRCLE. E.
 JACKSONVILLE FL 32218**

Mailing Address

**11532 BIRCH FOREST CIRCLE. E.
 JACKSONVILLE FL 32218**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3602091

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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)

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 PD
 NAME BUSH, JACOB ☐ Delete
 STREET ADDRESS 11532 BIRCH FOREST CIR, EAST
 CITY-ST-ZIP JACKSONVILLE FL 32218

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

TITLE VCD
 NAME EDWARDS, DEMETRIS ☐ Delete
 STREET ADDRESS 6623 N. BRANDEMERE RD.
 CITY-ST-ZIP JACKSONVILLE FL 32211

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

TITLE T
 NAME EDWARDS, ERICKA ☐ Delete
 STREET ADDRESS 6623 N BRANDEMERE RD.
 CITY-ST-ZIP JACKSONVILLE FL 32211

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

TITLE AD
 NAME PETERSON, GEORGE ☐ Delete
 STREET ADDRESS PO BOX 12577
 CITY-ST-ZIP JACKSONVILLE FL 32209

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

TITLE EAD
 NAME BUSH, CASSANDRA ☐ Delete
 STREET ADDRESS 11532 BIRCH FOREST CIR.
 CITY-ST-ZIP JACKSONVILLE FL 32218

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01

Date

Daytime Phone #

904-722-4726

CR2E037 (10/00)