

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 25, 2002 8:00 am**
Secretary of State

03-25-2002 90004 023 ****70.00

DOCUMENT # N99000005939

1. Entity Name

THE HOUSE OF REFUGE MINISTRIES, INC.

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

Zip

Country

Zip

Country

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

Jacob Bush Jr.

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

(NOTE: Registered Agent signature required when reinstating)

3/11/02

DATE

FILE NOW: FEE IS \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BUSH, JACOB	11532 BIRCH FOREST CIR, EAST	JACKSONVILLE FL 32218	<input type="checkbox"/>

VCD	EDWARDS, DEMETRIS	6623 N. BRANDEMERE RD.	JACKSONVILLE FL 32211	<input checked="" type="checkbox"/>
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T	EDWARDS, ERICKA	6623 N BRANDEMERE RD.	JACKSONVILLE FL 32211	<input checked="" type="checkbox"/>
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AD	PETERSON, GEORGE	PO BOX 12577	JACKSONVILLE FL 32209	<input checked="" type="checkbox"/>
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EAD	BUSH, CASSANDRA	11532 BIRCH FOREST CIR.	JACKSONVILLE FL 32218	<input type="checkbox"/>
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				<input type="checkbox"/>
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

	George Peterson (VCD)	P.O. Box 12577	JACKSONVILLE, FL 32209	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	PASTOR LARRY BLACK SR. (T)	5620 Collins Rd. #577	JACKSONVILLE, FL 32244	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	DR. Ruth Britton, Ph.D. (AD)	1812 University Blvd. S.	JACKSONVILLE, FL 32216	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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

Jacob Bush Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02

Date

Daytime Phone #

CR2E037 (9/01)