

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2003 8:00 am
Secretary of State

07-09-2003 90037 032 ****70.00

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1. Entity Name

THORMINC, 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

55051888

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jacob Bush Jr.

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BUSH, JACOB	
STREET ADDRESS	11532 BIRCH FOREST CIR, EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, GEORGE	
STREET ADDRESS	PO BOX 12577	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	AD	<input checked="" type="checkbox"/> Delete
NAME	BLACK, LARRY SR	
STREET ADDRESS	5620 COLLINS RD #517	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	AD	<input checked="" type="checkbox"/> Delete
NAME	BRITTON, RUTH	
STREET ADDRESS	1812 UNIVERSITY BLVD S	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	EAD	<input checked="" type="checkbox"/> Delete
NAME	BUSH, CASSANDRA	
STREET ADDRESS	11532 BIRCH FOREST CIR.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President-Director "D"	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, JACOB	
STREET ADDRESS	11532 Birch Forest Cir. E.	
CITY-ST-ZIP	JACK. FL 32218	
TITLE	President "D"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANILE HAWKINS	
STREET ADDRESS	2820 Boulevard	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VICE President "D"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUMIA ROBERTS	
STREET ADDRESS	2233 W. 12th ST	
CITY-ST-ZIP	JACK. FL 32209	
TITLE	TREASURER "Trustee" "T"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLESTON ROBERTS	
STREET ADDRESS	2233 W. 12th ST	
CITY-ST-ZIP	JACK. FL 32209	
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: *Jacob Bush Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/03

Date

904-696-7576

Daytime Phone #

CR2E037 (4/03)