

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000012078

**Entity Name:** THE CITY OF REFUGE COMMUNITY OUTREACH CENTER, INC.

**FILED**  
**Feb 05, 2017**  
**Secretary of State**  
**CC9956648450**

**Current Principal Place of Business:**

4916 S 83RD STREET  
TAMPA, FL 33619

**Current Mailing Address:**

4916 S 83RD STREET  
TAMPA, FL 33619 US

**FEI Number: 81-1155617**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WOODARD, MICHAEL L  
4916 S 83RD STREET  
TAMPA, FL 33619 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P	Title	T
Name	WOODARD, MICHAEL L	Name	WOODARD, ANGELIC
Address	4916 S 83RD STREET	Address	4916 S 83RD STREET
City-State-Zip:	TAMPA FL 33619	City-State-Zip:	TAMPA FL 33619

Title	S
Name	SINGLETON, BARBARA
Address	4916 S 83RD ST
City-State-Zip:	TAMPA FL 33619

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL WOODARD**

**PRESIDENT**

**02/05/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date