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Apr 28, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741599

1. Corporation Name

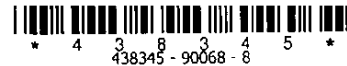
REFUGE HOUSE, INC.

Principal Place of Business

P O BOX 20910
TALLAHASSEE FL 32316
US

Mailing Address

P O BOX 20910
TALLAHASSEE FL 32316
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 P.O. Box 20910	26 P.O. Box 20910	02/13/1978
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1869324
City & State	City & State	Applied For
23 Tallahassee, Florida	28 Tallahassee, Florida	Not Applicable
Zip Country	Zip Country	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
24 32316 25 Leon	29 32316 30 Leon	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

OTTE, KELLY
5717 DOONESBURY WAY
TALLAHASSEE FL 32303

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	COTMAN-THOMAS, DENISE	1.2 NAME	PD
STREET ADDRESS	3848 LILLY LN	1.3 STREET ADDRESS	Campbell, Murdina
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	1917 Karen Lane
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	DANIELS, KATHY	2.2 NAME	VD
STREET ADDRESS	4774 HIGH GROVE RD	2.3 STREET ADDRESS	Kimball, Jeanne
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	300 S. Adams Street-Human Res. Dept
TITLE	SD	3.1 TITLE	☒ Change ☐ Addition
NAME	KIMBALL, JEANNE	3.2 NAME	SD
STREET ADDRESS	300 S ADAMS ST ATTN HR DEPT	3.3 STREET ADDRESS	Meehan, Sheila
CITY-ST-ZIP	TALLAHASSEE FL 32301	3.4 CITY-ST-ZIP	315 South Calhoun street
TITLE	TD	4.1 TITLE	☒ Change ☐ Addition
NAME	MACLEOD-BREWER, HELEN	4.2 NAME	TD
STREET ADDRESS	10515 WINTERS RUN	4.3 STREET ADDRESS	Combs, Terese
CITY-ST-ZIP	TALLAHASSEE FL 32312	4.4 CITY-ST-ZIP	3737 N. Meridian Road-c/o Maclay Sc
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 850-922-6062

Date

Daytime Phone #

CR2E037 (1/1/98)