## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 741599** 

Entity Name: REFUGE HOUSE, INC.

FILED Mar 22, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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ROOM 164 LEON COUNTY COURTHOUSE TALLAHASSEE, FL 323160910 US

Current Mailing Address: New Mailing Address:

ROOM 164 LEON COUNTY COURTHOUSE TALLAHASSEE, FL 323160910 US

FEI Number: 59-1869324 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

OTTE, KELLY ROOM 104 LEON COUNTY COURTHOUSE TALLAHASSEE, FL 32311 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

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D ( ) Delete
 Title:
 P (X) Change ( ) Addition

 Name:
 BURNETTE, GUY SANDY
 Name:
 BYE, KATHY

 Address:
 3520 THOMASVILLE RD
 Address:
 3956 BOBBIN BROOK CIRCLE

 City-St-Zip:
 TALLAHASSEE, FL 32308
 City-St-Zip:
 TALLAHASSEE, FL 32312

Title: PD ( ) Delete Title: S (X) Change ( ) Addition

 Name:
 BYE, KATHY
 Name:
 HOLLIS, ADRIENNE

 Address:
 3956 BOBBIN BROOK CIRCLE
 Address:
 2940 SPRINGFIELD DRIVE

 City-St-Zip:
 TALLAHASSEE, FL 32312
 City-St-Zip:
 TALLAHASSEE, FL 32308

 Name:
 WINDERS, LÍNDA
 Name:
 BOYD, DIANNE

 Address:
 3219 FOLEY DR
 Address:
 3101 SESSIONS ROAD

 City-St-Zip:
 TALLAHASSEE, FL 32308
 City-St-Zip:
 TALLAHASSEE, FL 32303

Title: SD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HOLLIS, ADRIENNE
 Name:

 Address:
 2940 SPRINGFIELD DRIVE
 Address:

 City-St-Zip:
 TALLAHASSE, FL
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KATHY BYE P 03/22/2004