2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#741599

Entity Name: REFUGE HOUSE, INC.

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

ROOM 164 LEON COUNTY COURTHOUSE 2315 HARTSFIELD RD.

TALLAHASSEE, FL 323160910 US TALLAHASSEE, FL 32303 US

Current Mailing Address: New Mailing Address:

ROOM 164 LEON COUNTY COURTHOUSE P.O. BOX 20910

TALLAHASSEE, FL 323160910 US 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
BALDWIN, MARGARET
P.O. BOX 20910

TALLAHASSEE, FL 32311 US TALLAHASSEE, FL 32316 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: MARGARET BALDWIN 04/26/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition

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

 Name:
 BYE, KATHY
 Name:
 REYNAUD, CECILE

 Address:
 3956 BOBBIN BROOK CIRCLE
 Address:
 7071 OX BOW ROAD

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

Title: () Delete Title: (X) Change () Addition Name: HOLLIS, ADRIENNE Name: SUMMERS, PHIL Address: 2940 SPRINGFIELD DRIVE Address: 1168 E. TENNESSEE ST. City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308

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

 Name:
 BOYD, DIANNE
 Name:
 KELLEY, DIANE

 Address:
 3101 SESSIONS ROAD
 Address:
 1549 COLONIAL DRIVE

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

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: MARGARET BALDWIN ED 04/26/2005