2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # 741599

1. Entity Name
REFUGE HOUSE, INC.

Principal Place of Business	Mailing Address
603 BEARD STREET TALLAHASSEE, FL 32303 US	PO BOX 90210 TALLAHASSEE, FL 32316

03272008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1869324
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BALDWIN, MARGARET
603 BEARD STREET
TALLAHASSEE, FL 32303

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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 Margaret A Baldwin EXECUTIVE DIRECTOR 4-7-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

UI00000871966
04/10/08-80017-018 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STONER, JANET
STREET ADDRESS	1208 EQUESTRIAN WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	S
NAME	MEEKS, BRUCE
STREET ADDRESS	3840 E MILLER BRIDGE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	T
NAME	KELLEY, DIANE
STREET ADDRESS	1549 COLONIAL DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	ED
NAME	BALDWIN, MARGARET
STREET ADDRESS	603 BEARD STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Margaret A Baldwin MARGARET A BALDWIN 3-28-08 850 922-6062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #