2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 24, 2009
Secretary of State

DOCUMENT# 741599

Entity Name: REFUGE HOUSE, INC.

Current Principal Place of Business:

603 BEARD STREET
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 90210
TALLAHASSEE, FL 32316

New Mailing Address:

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

Name and Address of Current Registered Agent:

BALDWIN, MARGARET
603 BEARD STREET
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: STONER, JANET
Address: 1208 EQUESTRIAN WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: S ( ) Delete
Name: MEEKS, BRUCE
Address: 3840 E MILLER BRIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: T ( ) Delete
Name: KELLEY, DIANE
Address: 1549 COLONIAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: ED ( ) Delete
Name: BALDWIN, MARGARET
Address: 603 BEARD STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: REYNAUD, CECILE DR
Address: 7071 OX BOW ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: THOMAS, GWENN
Address: 10051 BUCK POINT ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: KASPER, JOSH
Address: 3621 MOSSY CREEK LANE
City-St-Zip: TALLAHASSEE, FL 32311

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 07/24/2009

Electronic Signature of Signing Officer or Director — Date