

2008. NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 08:00 A
Secretary of State

DOCUMENT # N00000002277

1. Entity Name

THE HOUSE OF REFUGE TEACHING PRAYER PRAISE
HEALING AND DELIVERANCE OUTREACH MINISTRIES,



Principal Place of Business
1923 N.E. 17TH WAY
GAINESVILLE FL 32609

Mailing Address
PO BOX 754
GAINESVILLE FL 32602



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

59-3638942

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, JAMES D
1923 N.E. 17TH WAY
GAINESVILLE FL 32609

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-appointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SMITH, JAMES D ELD. PR
STREET ADDRESS 1923 N.E. 17TH WAY
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE VD ☐ Delete
NAME SMITH, MARY EVANG.
STREET ADDRESS 1923 N.E. 17TH WAY
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE SD ☐ Delete
NAME BROWN, PAMALA EVANG.
STREET ADDRESS 2626 E. UNIVERSITY AVE., #33
CITY-ST-ZIP GAINESVILLE FL 32641

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 000000847492
STREET ADDRESS 03/19/08-80022-004 70.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James A Smith

March 3-08 352 379-5906