

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002277

**FILED**  
**Mar 03, 2012**  
**Secretary of State**

**Entity Name:** THE HOUSE OF REFUGE TEACHING PRAYER PRAISE HEALING AND DELIVERANCE OUTREACH  
MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

2425 IRIS STREET  
904  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

**Current Mailing Address:**

2425 IRIS STREET  
904  
MIDDLEBURG, FL 32068

**New Mailing Address:**

**FEI Number:** 59-3638942      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SMITH, JAMES D  
2425 IRIS STREET  
MIDDLEBURG, FL 32068      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:** PD  
**Name:** SMITH, JAMES D ELD. PR  
**Address:** 2425 IRIS STREET  
**City-St-Zip:** MIDDLEBURG, FL 32068

**Title:** VD  
**Name:** SMITH, MARY EVANG.  
**Address:** 2425 IRIS STREET  
**City-St-Zip:** MIDDLEBURG, FL 32068

**Title:** SD  
**Name:** BROWN, PAMALA EVANG.  
**Address:** 2626 E. UNIVERSITY AVE., #33  
**City-St-Zip:** GAINESVILLE, FL 32641

I hereby 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 all other like empowered.

SIGNATURE: JAMES D. SMITH

P/D

03/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date