


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 17, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90187 047 \*\*\*\*61.25

DOCUMENT # N03000000335			
1. Entity Name HOUSE OF REFUGE OF SOUTH FLORIDA, INC.			
Principal Place of Business 9965 MIRAMAR PKWY. #304 MIRAMAR FL 33025		Mailing Address 9965 MIRAMAR PKWY. #304 MIRAMAR FL 33025	
2. Principal Place of Business 4500 Baymeadows Road Suite, Apt. #, etc. Suite # 52 City & State Jacksonville Zip 32217, Florida		3. Mailing Address 4500 Baymeadows Rd. Suite, Apt. #, etc. Suite # 52 City & State Jacksonville Zip 32217, Florida	
4. FEI Number 37-1454426		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  WALKER, VILMA 9965 MIRAMAR PKWY #304 MIRAMAR FL 33025		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, VILMA 9965 MIRAMAR PKWY MIRAMAR FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vilma Walker <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4500 Baymeadows Rd # 52 Jacksonville Florida 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOARES, CHRISTOPHER 9965 MIRAMAR PKWY MIRAMAR FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Christopher Soares <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4500 Baymeadows Rd # 52 Jacksonville Florida 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SOARES, NATALIE 9965 MIRAMAR PKWY MIRAMAR FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Natalie Soares <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4500 Baymeadows Rd # 52 Jacksonville Florida 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Vilma Walker</u>		5/15/06 (954) 471-6030	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			