


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90014 017 ****61.25

DOCUMENT # N03000000335			
1. Entity Name HOUSE OF REFUGE OF SOUTH FLORIDA, INC.			
Principal Place of Business 6017 Roosevelt Blvd #123 Jacksonville Florida 32244		Mailing Address 6017 Roosevelt Blvd #123 Jacksonville Fl. 32244	
2. Principal Place of Business - No P.O. Box # 6017 Roosevelt Blvd #123 Suite, Apt. #, etc. Jacksonville, Florida City & State Florida Zip 32244 Country Orange		3. Mailing Address 6017 Roosevelt Blvd #123 Suite, Apt. #, etc. Jacksonville Florida City & State Jacksonville Florida Zip 32244 Country Orange	
04042007 Chg-NP		CR2E037 (12/06)	
4. FEI Number 37-1454426		Applied For 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 6017 Roosevelt Blvd #123 Jacksonville, Florida 32244		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
FL			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, VILMA	NAME	
STREET ADDRESS	6017 Roosevelt Blvd #123	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Florida 32244	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOARES, CHRISTOPHER	NAME	
STREET ADDRESS	6017 Roosevelt Blvd #123	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Florida 32244	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOARES, NATALIE	NAME	
STREET ADDRESS	6017 Roosevelt Blvd #123	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville Florida 32244	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Vilma Walker</u>		Date: <u>4-5-07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	