

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2009
Secretary of State**

DOCUMENT# N08000009201

Entity Name: MY FATHER'S HOUSE OF REFUGE, INC.

Current Principal Place of Business:

717 W. KALMIA DR.
LAKE PARK, FL 334032111

New Principal Place of Business:

Current Mailing Address:

717 W. KALMIA DR.
LAKE PARK, FL 334032111

New Mailing Address:

FEI Number: 80-0262733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAWRENCE, GUSSIE M
717 W. KALMIA DR.
LAKE PARK, FL 334032111 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: PSTD () Delete
Name: LAWRENCE, GUSSIE M
Address: 717 W. KALMIA DR.
City-St-Zip: LAKE PARK, FL 334032111

Title: SD () Delete
Name: CORBIN, JESSIE
Address: 717 W. KALMIA DR.
City-St-Zip: LAKE PARK, FL 334032111

Title: TD () Delete
Name: MARTIN, BETTY
Address: 717 W. KALMIA DR.
City-St-Zip: LAKE PARK, FL 334032111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: CORBIN, JESSIE J
Address: 717 W. KALMIA DR.
City-St-Zip: LAKE PARK, FL 334032111

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

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: GUSSIE M. LAWRENCE

PSTD

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date