FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32261 (2)

1. Corporation Name

HOUSE OF REFUGE MINISTRIES, INC.

Principal Place of Business	Mailing Address
1001 CELERY AVE P.O. BOX 2982 SANFORD FL 32772-9982 US	1001 CELERY AVE P.O. BOX 2982 SANFORD FL 32772-9982 US

3. Date Incorporated or Qualified: 05/11/1989
3a. Date of Last Report: 03/10/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2957129 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

RICHARDSON, ELIJAH
601 S. SANFORD ST.
SANFORD FL 32771

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: Elijah Richardson Sorry no change needed DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HICKMAN, ADONIS		1.2 NAME		
STREET ADDRESS	7201 PRATO AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	DENNARD, STELLA		2.2 NAME	DOROTHY MACK	
STREET ADDRESS	1602 CEDAR CREEK CIRCLE		2.3 STREET ADDRESS	GENEVA/ GARDENS	
CITY-ST-ZIP	SANFORD FL		2.4 CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, ALVIN		3.2 NAME		
STREET ADDRESS	909 HOLLY AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RICHARDSON, ELIJAH		4.2 NAME		
STREET ADDRESS	601 S. SANFORD AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	SMITH, DEBORAH		5.2 NAME	DARRILYN STOVES	
STREET ADDRESS	2010 JACK COURT		5.3 STREET ADDRESS	2509 HIGHLAWN AVE	
CITY-ST-ZIP	SANFORD FL		5.4 CITY-ST-ZIP	SANFORD, FLA. 32771	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Adonis H. Hickman 2/11/96 324-4711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #