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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32261

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/11/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2957129 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 - Pastor 4/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Secretary	☐ Change ☐ Addition
NAME	SMITH, DEBORAH ANN		1.2 NAME	Hickman, Adonis W.	
STREET ADDRESS	2010 JACK CT		1.3 STREET ADDRESS	2200 Dolarway St.	
CITY-ST-ZIP	SANFORD FL 32771		1.4 CITY-ST-ZIP	Sanford, Fla. 32771	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MACK, DOROTHY		2.2 NAME	Holloman, Russell	
STREET ADDRESS	GENEVAL GARDENS		2.3 STREET ADDRESS	1310 W. 3rd St.	
CITY-ST-ZIP	SANFORD FL 32771		2.4 CITY-ST-ZIP	Sanford, FL 32771	
TITLE	D	☐ 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	JOHNSON, JANET		5.2 NAME		
STREET ADDRESS	2300 WATER STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771		5.4 CITY-ST-ZIP		
TITLE	VM	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RICHARDSON, DORA W		6.2 NAME		
STREET ADDRESS	601 S SANFORD AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Elijah Richardson - Pastor 4/28/99 3244711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)