2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State
01-28-2000 90106 039 ****61.25

DOCUMENT # N32261

1. Entity Name

HOUSE OF REFUGE MINISTRIES, INC.

Principal Place of Business	Mailing Address
1001 CELERY AVE P.O. BOX 2982 SANFORD FL 32772-9982 US 3277	1001 CELERY AVE P.O. BOX 2982 SANFORD FL 32772-2982 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip: 32772-9982 Country:	Zip: Country:

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICHARDSON, ELIJAH 601 S. SANFORD ST. SANFORD FL 32771	Name: DORA W. RICHARDSON Street Address (P.O. Box Number is Not Acceptable): 601 S. SANFORD AV City: SANFORD FL Zip Code: 32771

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.

SIGNATURE: Dora W. Richardson - PC Dora W. Richardson 1-24-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HICKMAN, ADONIS W 2200 DOLARWAY ST SANFORD FL 32771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Deborah Smith 2010 Jack Ct. Sanford, Fl 32771	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLLOMAN, RUSSELL 1310 W 3RD ST SANFORD FL 32771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC Dora W. Richardson 601 S Sanford Ave Sanford, Fl 32771	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, ALVIN 909 HOLLY AVE SANFORD	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS Adonis W. Hickman 2200 Dolar Way St Sanford, Fl 32771	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RICHARDSON, ELIJAH 601 S. SANFORD AVE. SANFORD FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Alvin Johnson 909 Holly Ave Sanford, Fl	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, JANET 2300 WATER STREET SANFORD FL 32771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VM RICHARDSON, DORA W 601 S SANFORD AVE SANFORD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: Adonis W. Hickman 1/21/00 407-324-4711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #