# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 19, 2002 8:00 am**
**Secretary of State**
03-19-2002 90025 040 ****70.00

0067243

DOCUMENT # N32261

1. Entity Name

HOUSE OF REFUGE MINISTRIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1001 CELERY AVE<br>P.O. BOX 2982<br>SANFORD FL 32772-9982<br>US | 1001 CELERY AVE<br>P.O. BOX 2982<br>SANFORD FL 32772-9982<br>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 / 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, DORA W<br>3291 SAFE HARBOR LANE<br>LAKE MARY FL 32746 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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 _____
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 | D<br>STOVES, TERENCE<br>124 MONTEREY OAKS DRIVE<br>SANFORD FL 32771 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Holloman, Russell<br>1310 W. 3rd St.<br>Sanford, FL 32771 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PC<br>RICHARDSON, DORA W<br>3291 SAFE HARBOR LANE<br>LAKE MARY FL 32746 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Stoves, Darrilyn<br>124 Monterey Oaks Dr.<br>Sanford, FL 32771 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VS<br>HICKMAN, ADONIS W<br>2200 DOLAR WAY ST<br>SANFORD FL 32771 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>JOHNSON, ALVIN<br>3291 SAFE HARBOR LANE Wrong address<br>LAKE MARY FL 32746 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>Johnson, Alvin Sr.<br>2718 Teak Place<br>Lake Mary FL 32746 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JOHNSON, JANET<br>2300 WATER STREET<br>SANFORD FL 32771 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SMITH, DEBORAH<br>2010 JACK CT<br>SANFORD FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** Dora W. Richardson Senior Pastor 3-6-02 407 324 4711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #