

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90017 026 ****70.00

DOCUMENT # N32261

1. Entity Name

HOUSE OF REFUGE MINISTRIES, INC.



Principal Place of Business

1001 CELERY AVE
P.O. BOX 2982
SANFORD FL 32772-9982
US

Mailing Address

1001 CELERY AVE
P.O. BOX 2982
SANFORD FL 32772-9982
US

54012674



MOORE CR2E037 (11/03)

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
3291 SAFE HARBOR LANE
LAKE MARY FL 32746

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **STOVES, TERENCE**
STREET ADDRESS **124 MONTEREY OAKS DRIVE**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **D** ☐ Change ☒ Addition
NAME **Hollomay, Russell**
STREET ADDRESS **1310 W 3rd St**
CITY-ST-ZIP **Sanford FL 32771**

TITLE **PC** ☐ Delete
NAME **RICHARDSON, DORA W**
STREET ADDRESS **3291 SAFE HARBOR LANE**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **D** ☐ Change ☒ Addition
NAME **Stoves, Darrilyn**
STREET ADDRESS **124 Monterey Oaks Dr.**
CITY-ST-ZIP **Sanford FL 32771**

TITLE **VS** ☐ Delete
NAME **HICKMAN, ADONIS W**
STREET ADDRESS **2200 DOLAR WAY ST**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **D** ☒ Change ☐ Addition
NAME **McKinnis, Deborah**
STREET ADDRESS **2010 JACK CT**
CITY-ST-ZIP **Sanford FL 32771**

TITLE **VD** ☐ Delete
NAME **JOHNSON, ALVIN SR**
STREET ADDRESS **2718 TEAK PLACE**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **JOHNSON, JANET**
STREET ADDRESS **2300 WATER STREET**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete **Change**
NAME **SMITH, DEBORAH**
STREET ADDRESS **2010 JACK CT**
CITY-ST-ZIP **SANFORD FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Pastor Dora W. Richardson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-04 407 324 4711

Date

Daytime Phone #