2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 01, 2006 8:00 am DOCUMENT-# N32261 **Secretary of State** 1. Entity Name 03-01-2006 90032 011 ****61.25 HOUSE OF REFUGE MINISTRIES, INC. Principal Place of Business Mailing Address 1001 CELERY AVE 1001 CELERY AVE P.O. BOX 2982 SANFORD FL 32772-9982 O. BOX 2982 SANFORD FL 32772-9982 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2957129 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARDSON, DORA W Street Address (P.O. Box Number is Not Acceptable) 3291 SAFE HARBOR LANE LAKE MARY FL 32746 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 by printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 語語的對映像 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE Delete ☐ Change Addition STOVES, TERENCE Stoves, Darrilyn M. NAME NAME STREET ADDRESS 124 MONTEREY OAKS DRIVE STREET ADDRESS 124 Monterey Oaks Drive SANFORD FL 32771 CITY-ST-ZIP CITY-ST-ZIP Sanford, 71 32771 PC ☐ Delete Holloman, Russell Addition RICHARDSON, DORA W NAME NAME 1310 W. 3rd St. 3291 SAFE HARBOR LANE STREET ADDRESS STREET ADDRESS LAKE MARY FL 32746 CITY-ST-ZIP CITY-ST-ZIP San Cord . 71 32771 ☐ Delete Change ☐ Addition TITLE TITLE HICKMAN, ADONIS W NAME NAME STREET ADDRESS 2200 DOLAR WAY ST STREET ADDRESS CITY-ST-ZIP SANFORD FL 32771 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE JOHNSON, ALVIN SR NAME NAME STREET ADDRESS 2718 TEAK PLACE STREET ADDRESS CITY-ST-ZIP City-St-7IP LAKE MARY FL 32746 TITLE Delete TITLE ☐ Change ☐ Addition JOHNSON, JANET NAME 2300 WATER STREET STREET ADDRESS STREET ADDRESS SANFORD FL 32771 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition MCKINNIS, DEBORAH NAME NAME 2010 JACK CT STREET ADDRESS STREET ADDRESS SANFORD FL CITY-ST-7IP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 trusteer 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

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