2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2012
Secretary of State

DOCUMENT# N32261

Entity Name: HOUSE OF REFUGE MINISTRIES, INC.

Current Principal Place of Business:

1001 CELERY AVE
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2982
SANFORD, FL 327729982 US

New Mailing Address:

FEI Number: 59-2957129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHARDSON, DORA W
3291 SAFE HARBOR LANE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PAS.
Name: RICHARDSON, DORA W
Address: 3291 SAFE HARBOR LANE
City-St-Zip: LAKE MARY, FL 32746

Title: MR
Name: STOVES, TERENCE
Address: 124 MONTEREY OAKS DRIVE
City-St-Zip: SANFORD, FL 32771

Title: MRS
Name: STOVES, DARRILYN
Address: 124 MONTEREY OAKS DRIVE
City-St-Zip: SANFORD, FL 32771

Title: MRS
Name: JOHNSON, JANET
Address: 2300 WATER STREET
City-St-Zip: SANFORD, FL 32771

Title: MRS
Name: CHANDLER, TAMMY
Address: 946 CANARY LAKE COURT
City-St-Zip: SANFORD, FL 32773

Title: MS
Name: ADAMS, DIA
Address: PO BOX 346
City-St-Zip: SANFORD, FL 32772

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DORA RICHARDSON PAS 04/22/2012
Electronic Signature of Signing Officer or Director Date