2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32261

1. Entity Name

HOUSE OF REFUGE MINISTRIES, INC.



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90099 048 ****61.25

					11.53						
Principal Pla	ce of Business	Mailing Add	ress	· · · · ·							
1001 CELERY AVE P.O. BOX 2982 SANFORD FL 32772-9982 US		1001 CELERY P.O. BOX 29	1001 CELERY AVE P.O. BOX 2982 SANFORD FL 32772-9982			 					
2. Principal I	Place of Business	3. Mailing A	ddress								
Suite, Apt	. #, etc.	Suite, Ap	ot. #, etc.				CHECK HERE IF N	MAKING CHA	ANGES		
City & State		City & Si	City & State			4. FEI Number 59-2957129			Applied For Not Applicable		
Zip Country		Zip	Zip			5. Certificate of	Status Desired		75 Add	litional	
•	6. Name and Address of Curr	rent Registered Ag	ent			7. Name and A	ddress of New Regis				ł
	and the second s		* '	. Name							1
	OSON, DORA W FE HARBOR LANE				Street Address (P.O. Box Number is Not Acceptable)						
LAKE MA	ARY FL 32746										
				City				FL Z	Zip Cod	е	
	e named entity submits this statemen	nt for the purpose of	changing its regis	stered office o	r registere	ed agent, or both,	in the State of Florida	ı. I am famili	ar with,	and accept	ĺ
the obliga	tions of registered agent.										
						•					
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Regi	stered Agent signat	ure required	when reinstating)		DATE			
· · ·							<u> </u>				\cdot
	EN E NOW- EEE 10 661 35	9.	Election Campaig	n Financing		\$5.00 May Be	Make	Check Pa	vable	to	1
₫'	FILE NOW: FEE IS \$61.25		Trust Fund Contribution.			Added to Fees		Departmei			1
		DIDECTOR									ļ
TITLE	OFFICERS AND		_	11. TITLE		DDITIONS/CHAN	GES TO OFFICERS A			10 Addition	โล
NAME	STOVES, TERENCE	L		NAME	5+1	OVes a TO	arrilud	<u></u> ,	Change	Addition	(10/02
STREET ADDRESS	124 MONTEREY OAKS DRIVE			STREET ADDRESS	124	Mod to rea	Dark Driv	rye			
CITY-ST-ZIP	SANFORD FL 32771			CITY-ST-ZIP	Sant	F1304 . E133	arrilyn Daes Driv 2771				F037
TITLE	PC	[] Delete	TITLE					Change	Addition	8
NAME	RICHARDSON, DORA W			NAME	Holle	OMON, Ru	ssell	_			0
STREET ADDRESS	3291 SAFE HARBOR LANE			STREET ADDRESS	1310	W. 3rd 5	F4.				
CITY-ST-ZIP	LAKE MARY FL 32746			CITY-ST-ZIP	Sang	ord, El 3	2771				
TITLE	VS] Delete	TITLE	'	- /	-		Change	Addition	
NAME STREET ADDRESS	HICKMAN, ADONIS W			NAME							
CITY-ST-ZIP	2200 DOLAR WAY ST SANFORD FL 32771			STREET ADDRESS CITY-ST-ZIP							
*.	VD :								3 h		l
NAME .	JOHNSON, ALVIN SR	L		title Name					Change	Addition Addition	
STREET ADDRESS	2718 TEAK PLACE			STREET ADDRESS							1
CITY-ST-ZIP	LAKE MARY FL 32746			CITY-ST-ZIP							ĺ
TITLE	D	Г] Delete	TITLE					Change	Addition	ĺ
NAME	JOHNSON, JANET	_		NAME						المستعدد بـــ	
STREET ADDRESS	2300 WATER STREET		\$	STREET ADDRESS							
CITY-ST-ZIP	SANFORD FL 32771		(CITY-ST-ZIP							
TITLE	D D			TITLE					Change	Addition	
NAME	SMITH, DEBORAH		1	NAME							!
STREET ADDRESS CITY-ST-ZIP	2010 JACK CT			STREET ADDRESS CITY-ST-ZIP							

increase 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: KASPOGIDATAI MERPERALIDED

1-3-03 407321-3790