

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004722

FILED  
Apr 23, 2005  
Secretary of State

Entity Name: NEW LIFE REFUGE, INC.

## Current Principal Place of Business:

3360 DAVIE BLVD  
SUITE B  
FORT LAUDERDALE, FL 33312

## New Principal Place of Business:

## Current Mailing Address:

19 N.W. 45TH AVENUE  
# 107  
DEERFIELD BEACH, FL 33442

## New Mailing Address:

FEI Number: 65-0940671      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WRIGHT, LEANETTA S PD  
19 NORTH WEST 45TH AVENUE  
# 107  
DEERFIELD BEACH, FL 33442 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: PD ( ) Delete  
Name: WRIGHT, LEANETA  
Address: 19 NORTH WEST 45TH AVE.  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VPD ( ) Delete  
Name: WRIGHT, OTHNNIEL  
Address: 19 NORTH WEST 45TH AVENUE #107  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: STD ( ) Delete  
Name: MASON, EVELYN  
Address: 609 4TH STREET NORTH  
City-St-Zip: BIRMINGHAM, AL 35204

Title: T ( ) Delete  
Name: ASHLEY, DEBORAH  
Address: 2923 DEWEY STREET  
City-St-Zip: HOLLYWOOD, FL 33023

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: ASHLEY, DEBORAH  
Address: 19 NW 45TH AVE. #107  
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LEANETTA S. WRIGHT

PD

04/23/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date