

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003456

Entity Name: HOUSE OF REFUGE OUTREACH MINISTRIES OF LAKE LAND,
FLORIDA, INC.**FILED**
Jan 28, 2021
Secretary of State
5486372833CC**Current Principal Place of Business:**1516 CLAIRDALE LANE
LAKE LAND, FL 33801**Current Mailing Address:**P. O. BOX 0057
LAKE LAND, FL 33802**FEI Number: 20-8720812****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BROOKS, RICKY M
1516 CLAIRDALE LANE
LAKE LAND, FL 33801 US*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**Officer/Director Detail :**

Title	D
Name	HUDSON, KAREN A
Address	4815 SAND MOUNTAIN LOOP RD
City-State-Zip:	AUBURNDAL E FL 33823-9778

Title	D
Name	DESHOMMES, PATRICE
Address	219 SANTA ROSA DR.
City-State-Zip:	WINTER HAVEN FL 33884

Title	D
Name	MORROW, STEVE
Address	3119 BIG VALLEY DR.
City-State-Zip:	LAKE LAND FL 33812

Title	PRES
Name	BROOKS, RICKY
Address	1516 CLAIRDALE LANE
City-State-Zip:	LAKE LAND FL 33801

Title	TREA
Name	BROOKS, DONNA
Address	1516 CLAIRDALE LANE
City-State-Zip:	LAKE LAND FL 33801

Title	SEC.
Name	HOLLOWAY, MARTHA G
Address	4965 GOLDENVIEW LN
City-State-Zip:	LAKE LAND FL 33811

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: RICKY BROOKS**PRESIDENT****01/28/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date