

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003456

Entity Name: HOUSE OF REFUGE OUTREACH MINISTRIES OF LAKE LAND,
FLORIDA, INC.**FILED**
Jan 26, 2013
Secretary of State
CC5352264092**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 HOLLOWAY, MARTHA G
Address 3860 VILLAGE LOOP APT 1
City-State-Zip: LAKE LAND FL 33809Title D
Name DESHOMMES, PATRICE
Address 219 SANTA ROSA DR.
City-State-Zip: WINTER HAVEN FL 33884Title D
Name MORROW, STEVE
Address 3119 BIG VALLEY DR.
City-State-Zip: LAKE LAND FL 33812Title PRES
Name BROOKS, RICKY
Address 1516 CLAIRDALE LANE
City-State-Zip: LAKE LAND FL 33801Title TREA
Name BROOKS, DONNA
Address 1516 CLAIRDALE LANE
City-State-Zip: LAKE LAND FL 33801Title SEC.
Name HOLLOWAY, MARTHA G
Address 3860 VILLAGE LOOP APT 1
City-State-Zip: LAKE LAND FL 33809

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 M. BROOKS**PRESIDENT****01/26/2013**

Electronic Signature of Signing Officer/Director Detail

Date