

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000003456

**Entity Name:** HOUSE OF REFUGE OUTREACH MINISTRIES OF LAKE LAND, FLORIDA, INC.**FILED**  
**Feb 29, 2016**  
**Secretary of State**  
**CC1579387508****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 4965 GOLDENVIEW LANE  
City-State-Zip: LAKE LAND FL 33811Title 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 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 M BROOKS****PRESIDENT****02/29/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date