

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005622

**FILED**  
**Aug 14, 2013**  
**Secretary of State**  
**CC8817458664**

**Entity Name:** HOLY REFUGE EVANGELISTIC MISSION INC.

**Current Principal Place of Business:**

501 N. STATE ST. UNIT-4  
BUNNELL, FL 32110

**Current Mailing Address:**

86 BARRINGTON DR.  
PALM COAST, FL 32137

**FEI Number: 16-1767749**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

REESE, JOYCE S  
86 BARRINGTON DR.  
PALM COAST, FL 32137 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 P  
Name REESE, JOYCE S  
Address 86 BARRINGTON DR.  
City-State-Zip: PALM COAST FL 32137

Title VP  
Name SWEET, EBONY C  
Address 86 BARRINGTON DR.  
City-State-Zip: PALM COAST FL 32137

Title SEC.  
Name SWEET, EBONY C  
Address 530 COLEE ST. LOT L  
City-State-Zip: ST. AUGUSTINE FL 32084

*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: JOYCE REESE**

**PRESIDENT**

**08/14/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date