

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32261

**Entity Name:** HOUSE OF REFUGE MINISTRIES, INC.**Current Principal Place of Business:**1001 CELERY AVE  
SANFORD, FL 32771**Current Mailing Address:**P.O. BOX 2982  
SANFORD, FL 32772-9982 US**FEI Number: 59-2957129****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RICHARDSON, DORA W  
3291 SAFE HARBOR LANE  
LAKE MARY, FL 32746 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           | PASTOR                |
| Name            | RICHARDSON, DORA W    |
| Address         | 3291 SAFE HARBOR LANE |
| City-State-Zip: | LAKE MARY FL 32746    |

|                 |                       |
|-----------------|-----------------------|
| Title           | MRS.                  |
| Name            | CHANDLER, TAMMY       |
| Address         | 946 CANARY LAKE COURT |
| City-State-Zip: | SANFORD FL 32773      |

|                 |                      |
|-----------------|----------------------|
| Title           | MR.                  |
| Name            | STOVES, TERENCE      |
| Address         | 964 GRAPEWOOD STREET |
| City-State-Zip: | DELTONA FL 32725     |

|                 |                      |
|-----------------|----------------------|
| Title           | MRS.                 |
| Name            | STOVES, DARRILYN     |
| Address         | 964 GRAPEWOOD STREET |
| City-State-Zip: | DELTONA FL 32725     |

|                 |                        |
|-----------------|------------------------|
| Title           | MR.                    |
| Name            | HUMPHRIES, QUEWANNCOII |
| Address         | 402 SAN CARLOS AVENUE  |
| City-State-Zip: | SANFORD FL 32771       |

|                 |                       |
|-----------------|-----------------------|
| Title           | MS.                   |
| Name            | DUHART, EVELYN        |
| Address         | 1327 S. SUMMERLIN AVE |
| City-State-Zip: | SANFORD FL 32771      |

|                 |                  |
|-----------------|------------------|
| Title           | MS.              |
| Name            | SHELTON, DIA     |
| Address         | PO BOX 346       |
| City-State-Zip: | SANFORD FL 32772 |

*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: DORA W. RICHARDSON****PASTOR****04/23/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date