2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2021
Secretary of State
9548264812CC

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	MR.
Name	STOVES, TERENCE
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	SHELTON, DIA
Address	PO BOX 346
City-State-Zip:	SANFORD FL 32772

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

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

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

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 03/27/2021

Electronic Signature of Signing Officer/Director Detail — Date