2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2009
Secretary of State

DOCUMENT# 721126

Entity Name: A PLACE OF REFUGE MINISTRIES, INC.

Current Principal Place of Business:

180 N. HEADER CANAL RD.
FT. PIERCE, FL 34945 US

New Principal Place of Business:

Current Mailing Address:

180 N. HEADER CANAL RD.
FT. PIERCE, FL 34945 US

New Mailing Address:

FEI Number: 65-0143662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VELIE, CHARLES D
2965 DAME RD
FORT PIERCE, FL 34981 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: VELIE, GOLDA M
Address: 30850 HWY 441 N
City-St-Zip: OKEECHOBEE, FL 34972

Title: PD ( ) Delete
Name: VELIE, CHARLES D.
Address: 2965 DAME RD.
City-St-Zip: FT. PIERCE, FL 34947

Title: AP ( ) Delete
Name: TALBOT, MICHAEL
Address: 2703 PINEVIEW DR
City-St-Zip: FORT PIERCE, FL 34981

Title: AP ( ) Delete
Name: VELIE, MARY C
Address: 2965 DAME RD
City-St-Zip: FORT PIERCE, FL 34981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLES D. VELIE PD 05/03/2009
Electronic Signature of Signing Officer or Director Date