


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # 768661 1. Entity Name JEHOVAH-JIREH REFUGE, INC.	
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Principal Place of Business % BONNY R. ISON 20 MAYFAIR DR. CRAWFORDVILLE FL 32327 US	Mailing Address % BONNY R. ISON 20 MAYFAIR DR. CRAWFORDVILLE FL 32327 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E037 (10/05)

4. FEI Number 59-2290916	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ISON, BONNY R. 20 MAYFAIR DR. CRAWFORDVILLE FL 32327
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	DATE _____
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Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating)

FILE NOW: FEE IS \$91.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	Delete
PD	ISON, BONNY R 20 MAYFAIR DR. CRAWFORDVILLE FL	<input type="checkbox"/>
VD	HUDSON, DOYE D. 12 DOYE DRIVE CRAWFORDVILLE FL 32327	<input type="checkbox"/>
STD	ISON, DIANNE M 20 MAYFAIR DR. CRAWFORDVILLE FL	<input type="checkbox"/>
D	HUDSON, SHERRY (ADV. BOARD) 12 DOYE DRIVE CRAWFORDVILLE FL 32327	<input type="checkbox"/>
D	BARFIELD, TOBY 92 LISA DRIVE CRAWFORDVILLE FL 32327	<input type="checkbox"/>
D	BARFIELD, LORETTA 92 LISA DRIVE CRAWFORDVILLE FL 32327	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	Change	Addition
	U00000491500 04/19/06-80024-022 61.25	<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other filed empowered.