


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 768661</b> 1. Entity Name <b>JEHOVAH-JIREH REFUGE, INC.</b>	
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Principal Place of Business <b>% BONNY R. ISON 20 MAYFAIR DR. CRAWFORDVILLE FL 32327 US</b>	Mailing Address <b>% BONNY R. ISON 20 MAYFAIR DR. CRAWFORDVILLE FL 32327. US</b>
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1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #  Suite, Apt #, etc.	3. Mailing Address  Suite, Apt #, etc.
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City & State  Zip Country	City & State  Zip Country
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4. FEI Number <b>59-2290916</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>ISON, BONNY R. 20 MAYFAIR DR. CRAWFORDVILLE FL 32327</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete ISON, BONNY R 20 MAYFAIR DR. CRAWFORDVILLE FL
TITLE	VD <input type="checkbox"/> Delete HUDSON, DOYE D. 12 DOYE DRIVE CRAWFORDVILLE FL 32327
TITLE	STD <input type="checkbox"/> Delete ISON, DIANNE M 20 MAYFAIR DR. CRAWFORDVILLE FL
TITLE	D <input type="checkbox"/> Delete HUDSON, SHERRY (ADV. BOARD) 12 DOYE DRIVE CRAWFORDVILLE FL 32327
TITLE	D <input type="checkbox"/> Delete BARFIELD, TOBY 92 LISA DRIVE CRAWFORDVILLE FL 32327
TITLE	D <input type="checkbox"/> Delete BARFIELD, LORETTA 92 LISA DRIVE CRAWFORDVILLE FL 32327

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000612743 02/05/07-80012-012 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: Bonny R. Ison **Bonny R. ISON** 1-30-2007 (850) 946-5217