

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 02, 2009
Secretary of State**

DOCUMENT# 768661

Entity Name: JEHOVAH-JIREH REFUGE, INC.

Current Principal Place of Business:

% BONNY R. ISON
20 MAYFAIR DR.
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

% BONNY R. ISON
20 MAYFAIR DR.
CRAWFORDVILLE, FL 32327 US

New Mailing Address:

FEI Number: 59-2290916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISON, BONNY R.
20 MAYFAIR DR.
CRAWFORDVILLE, FL 32327 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: PD () Delete
Name: ISON, BONNY R
Address: 20 MAYFAIR DR.
City-St-Zip: CRAWFORDVILLE, FL

Title: VD () Delete
Name: HUDSON, DOYE D.,
Address: 12 DOYE DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: STD () Delete
Name: ISON, DIANNE M
Address: 20 MAYFAIR DR.
City-St-Zip: CRAWFORDVILLE, FL

Title: D () Delete
Name: HUDSON,SHERRY(ADV.BO, ARD)
Address: 12 DOYE DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: BARFIELD, TOBY
Address: 92 LISA DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: BARFIELD, LORETTA
Address: 92 LISA DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ISON, BONNY R
Address: 20 MAYFAIR DR.
City-St-Zip: CRAWFORDVILLE, FL 32327

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

Title: STD (X) Change () Addition
Name: ISON, DIANNE M
Address: 20 MAYFAIR DR.
City-St-Zip: CRAWFORDVILLE, FL 32327

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: BONNY R. ISON

PD

03/02/2009

Electronic Signature of Signing Officer or Director

Date