

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768661

FILED
Mar 12, 2010
Secretary of State

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

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

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

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

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

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

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: BONNY R. ISON

PD

03/12/2010

Electronic Signature of Signing Officer or Director

Date