

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002277

FILED
Apr 21, 2009
Secretary of State

Entity Name: THE HOUSE OF REFUGE TEACHING PRAYER PRAISE HEALING AND DELIVERANCE OUTREACH
MINISTRIES, INCORPORATED

Current Principal Place of Business:

1923 N.E. 17TH WAY
GAINESVILLE, FL 32609

New Principal Place of Business:

2425 IRIS STREET
904
MIDDLEBURG, FL 32068

Current Mailing Address:

PO BOX 754
GAINESVILLE, FL 32602

New Mailing Address:

2425 IRIS STREET
904
MIDDLEBURG, FL 32068

FEI Number: 59-3638942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, JAMES D
1923 N.E. 17TH WAY
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

SMITH, JAMES D
2425 IRIS STREET
MIDDLEBURG, FL 32068 US

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: JAMES D. SMITH

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, JAMES D ELD. PR
Address: 1923 N.E. 17TH WAY
City-St-Zip: GAINESVILLE, FL 32609

Title: VD () Delete
Name: SMITH, MARY EVANG.
Address: 1923 N.E. 17TH WAY
City-St-Zip: GAINESVILLE, FL 32609

Title: SD () Delete
Name: BROWN, PAMALA EVANG.
Address: 2626 E. UNIVERSITY AVE., #33
City-St-Zip: GAINESVILLE, FL 32641

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, JAMES D ELD. PR
Address: 2425 IRIS STREET
City-St-Zip: MIDDLEBURG, FL 32068

Title: VD (X) Change () Addition
Name: SMITH, MARY EVANG.
Address: 2425 IRIS STREET
City-St-Zip: MIDDLEBURG, FL 32068

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: JAMES D. SMITH

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date