# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 15, 2005**
**Secretary of State**

DOCUMENT# N00000007231

**Entity Name:** MY REFUGE CHILDREN'S SHELTER, INC.

**Current Principal Place of Business:**

PO BOX 362342
MELBOURNE, FL 329362342

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 362342
MELBOURNE, FL 329362342

**New Mailing Address:**

**FEI Number: 59-3659008** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KINBERG, EDWARD J
2101 S WAVERLY PL STE 200E
MELBOURNE, FL 32901 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: SNYDER, JAMES A
Address: P.O. BOX 362342
City-St-Zip: MELBOURNE, FL 32936

Title: TD ( ) Delete
Name: SNYDER, EMILY T
Address: P.O. BOX 362342
City-St-Zip: MELBOURNE, FL 32936

Title: VD ( ) Delete
Name: NICHOLAS, JAMES M
Address: P.O. BOX 362342
City-St-Zip: MELBOURNE, FL 32936

Title: D ( ) Delete
Name: VAIL, TED
Address: P.O. BOX 362342
City-St-Zip: MELBOURNE, FL 32936

Title: D ( ) Delete
Name: VAIL, CAROL
Address: P.O. BOX 362342
City-St-Zip: MELBOURNE, FL 32936

Title: D ( ) Delete
Name: FLONTA, DANIEL
Address: PO BOX 362342
City-St-Zip: MELBOURNE, FL 32936

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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 A SNYDER P 02/15/2005

Electronic Signature of Signing Officer or Director — Date