


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

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90010 016 ****78.75

DOCUMENT # N00000007231	
1. Entity Name MY REFUGE CHILDREN'S SHELTER, INC.	

Principal Place of Business 2330 AURORA RD MELBOURNE FL 32935	Mailing Address PO BOX 362342 MELBOURNE FL 32936-2342
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number 59-3659008	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FRAHM, RICHARD H 2330 AURORA RD MELBOURNE FL 32935	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 _____ (Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-instating)) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD FRAHM, RICHARD H P.O. BOX 362342 MELBOURNE FL 32936 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	TD FRAHM, CAROLINE O P.O. BOX 362342 MELBOURNE FL 32936 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VD SAUER, LESTER P.O. BOX 362342 MELBOURNE FL 32936 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D STINNETT, CRYSTAL P.O. BOX 362342 MELBOURNE FL 32936 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D FRODGE, KIM P.O. BOX 362342 MELBOURNE FL 32936 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D MOSELY, WENDY PO BOX 362342 MELBOURNE FL 32936 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	D SOLOMON, TAKSA P.O. BOX 362342 MELBOURNE, FL 32936 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D MOSELEY, TOM P.O. BOX 362342 MELBOURNE, FL 32936 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<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:  **Rich Frahm** **2/2/07** **321 298 5949**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #