

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007707

FILED
Sep 10, 2007
Secretary of State

Entity Name: REFUGE HOUSE OF GOD OUTREACH MINISTRY, INC.

Current Principal Place of Business:

520 MARTIN LUTHER KING AVENUE
MONTICELLO, FL 32344

New Principal Place of Business:

955 LEMON STREET
MONTICELLO, FL 32344

Current Mailing Address:

520 MARTIN LUTHER KING AVENUE
MONTICELLO, FL 32344

New Mailing Address:

P.O. BOX 416
MONTICELLO, FL 32345

FEI Number: 59-3680335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JOHNSON, LUE JEAN
490 HILL STREET
MONTICELLO, FL 32344 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RANDELL, ANNIE L
Address: 1700 JOE LOUIS STREET APT.69
City-St-Zip: TALLAHASSEE, FL 32304

Title: SD () Delete
Name: JACKSON, JULIET
Address: 517 TAFT STREET
City-St-Zip: BOSTON, GA 31626

Title: TD () Delete
Name: MACON, LASHARA D
Address: 1439 S. MAIN AVE
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: JACKSON, JULIET
Address: 514 GRADY STREET
City-St-Zip: THOMASVILLE, GA 31792

Title: TD (X) Change () Addition
Name: MACON, LASHARA D
Address: 1130 E. MAYS STREET
City-St-Zip: MONTICELLO, FL 32344

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: LASHARA MACON

TD

09/10/2007

Electronic Signature of Signing Officer or Director

Date