

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003343

FILED  
Feb 14, 2005  
Secretary of State

Entity Name: REFUGE HOUSE MINISTRIES, INC.

## Current Principal Place of Business:

2330 AURORA RD.  
MELBOURNE, FL 32935

## New Principal Place of Business:

## Current Mailing Address:

2330 AURORA RD.  
MELBOURNE, FL 32935

## New Mailing Address:

FEI Number: 59-3720264

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NICHOLAS, JAMES M  
1540 HIGHLAND AVE.  
MELBOURNE, FL 32935 US

## Name and Address of New Registered Agent:

NICHOLAS, JAMES M  
304 E. STRAWBRIDGE AVE.  
MELBOURNE, FL 32901 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:

02/14/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SNYDER, JAMES  
Address: 2694 EMPIRE AVE  
City-St-Zip: MELBOURNE, FL 32934

Title: TD ( ) Delete  
Name: SNYDER, EMILY  
Address: 2694 EMPIRE AVE  
City-St-Zip: MELBOURNE, FL 32934

Title: VD ( ) Delete  
Name: NICHOLAS, JAMES M  
Address: 1540 HIGHLAD AVE  
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Delete  
Name: FLONTA, DANIEL  
Address: 275 AVENS RD. NE  
City-St-Zip: PALM BAY, FL 32907

Title: D ( ) Delete  
Name: VAIL, CAROL  
Address: PO BOX 362342  
City-St-Zip: MELBOURNE, FL 329362342

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change ( ) Addition  
Name: NICHOLAS, JAMES M  
Address: 304 E. STRAWBRIDGE AVE  
City-St-Zip: MELBOURNE, FL 32901

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

02/14/2005

Electronic Signature of Signing Officer or Director

Date