


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

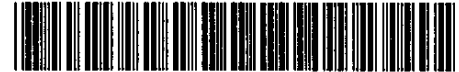
FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90025 038 ****61.25

DOCUMENT # N01000008911	
1. Entity Name THE HOMELESS REFUGE FORUM CORP.	

Principal Place of Business 225 N. LAKELAND AVENUE ORLANDO FL 32805	Mailing Address P.O. BOX 550089 ORLANDO FL 32855
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2. Principal Place of Business 225 N. LAKELAND Ave.	3. Mailing Address P.O. Box 550089
Suite, Apt. #, etc. Ave.	Suite, Apt. #, etc.
City & State ORLANDO, FLA.	City & State ORLANDO, FLA.
Zip 32805	Country ORANGE
Zip 32855	Country ORANGE



1st MOORE CR2E037 (10/04)

4. FEI Number 04-3600626	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOWARD, MARY 225 N. LAKELAND AVENUE P.O. BOX 550089 ORLANDO FL 32855	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HOWARD, MARY 225 N. LAKELAND AVENUE ORLANDO FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROY, JESSIE 2110 LAKE BREEZE WAY DELTONA FL 32738 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, CLEO 401 GILLMAN CIRCLE ORLANDO FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BULLARD, DELORIS 6809 MANDARINDA ORLANDO FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKNIGHT, JONATHAN L 821 S KIRKMAN RD ORLANDO FL 32861 <input type="checkbox"/> Delete	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"/> Delete	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 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 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: MARY HOWARD **4/2/05** **407-841-9174**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #