

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90040 033 ****61.25

DOCUMENT # N01000008911



1. Entity Name

THE HOMELESS REFUGE FORUM CORP.

Principal Place of Business

Mailing Address

225 N. LAKELAND AVE
ORLANDO FL 32805

P.O. BOX 550089
ORLANDO FL 32855

2. Principal Place of Business

225 N. Lakeland Ave.

3. Mailing Address

Homeless Refuge Forum
P.O. Box 550089

City & State

Orlando, FLA.

City & State

Orlando, FLA.

Zip

32805

Country

ORANGE

Zip

32855

Country

ORANGE

1st MOORE

CR2E037 (10/05)

4. FEI Number

04-3600626

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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

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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME HOWARD, MARY
STREET ADDRESS 225 N. LAKELAND AVENUE
CITY-ST-ZIP ORLANDO FL 32805

TITLE VD ☐ Delete
NAME ROY, JESSIE
STREET ADDRESS 2110 LAKE BREEZE WAY
CITY-ST-ZIP DELTONA FL 32738

TITLE D ☐ Delete
NAME MITCHELL, CLEO
STREET ADDRESS 401 GILLMAN CIRCLE
CITY-ST-ZIP ORLANDO FL 32808

TITLE DS ☐ Delete
NAME BULLARD, DELORIS
STREET ADDRESS 6809 MANDARINDA
CITY-ST-ZIP ORLANDO FL 32819

TITLE D ☐ Delete
NAME MCKNIGHT, JONATHAN L
STREET ADDRESS 821 S KIRKMAN RD
CITY-ST-ZIP ORLANDO FL 32861

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mary Howard