

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90044 023 ****61.25

DOCUMENT # N01000008911 1. Entity Name THE HOMELESS REFUGE FORUM CORP.			
Principal Place of Business BLVD 729 DUNBAR CT #3 ORLANDO, FL 32805		Mailing Address MARY HOWARD C/O HOMELESS REFUGE FORUM BLVD. 729 DUNBAR COURT # 3 ORLANDO, FL 32805 US	
2. Principal Place of Business - No P.O. Box # 729 Dunbar Ct Suite, Apt. #, etc. Apt. 3		3. Mailing Address SAME Suite, Apt. #, etc. SAME	
City & State Orlando		City & State SAME	
Zip 32805	Country ORANGE	Zip SAME	Country SAME
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 MARY HOWARD Street Address (P.O. Box Number is Not Acceptable) BLVD 729 DUNBAR CT. Apt. 3 City ORLANDO FL Zip Code 32805	
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 MARY HOWARD <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE April 3, 07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing 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			
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MARY HOWARD BLVD 729 DUNBAR CT # 3 ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROY, JESSIE 2110 LAKE BREEZE WAY DELTONA, FL 32738	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, CLEO 401 GILLMAN CIRCLE ORLANDO, FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BULLARD, DELORIS 6809 MANDARINDA ORLANDO, FL 32819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKNIGHT, JONATHAN L 821 S KIRKMAN RD ORLANDO, FL 32861	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 P.T.D. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	