

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90011 035 \*\*\*\*61.25

DOCUMENT # N01000008911

1. Entity Name

THE HOMELESS REFUGE FORUM CORP.



Principal Place of Business

Mailing Address

729 DUNBAR CT  
APT 3  
ORLANDO FL 32805

Building

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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

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

*Mary Howard*

3/11/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PTD ☐ Delete  
NAME HOWARD, MARY  
STREET ADDRESS BLVD 729 DUNBAR CT #3  
CITY-ST-ZIP ORLANDO FL 32805

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete  
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* % Homeless Refuge Forum