2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# N03000007801

Entity Name: TEMPLE OF REFUGE MINISTRIES, INC.

Current Principal Place of Business:

281 SW 27TH AVENUE
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9685
FT. LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 03-0499965 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, CEASAR
2360 N.W. 34TH TERR.
LAUDERDALE LAKES, FL 33311 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLIAMS, CEASAR
Address: 2360 N.W. 34TH TERR.
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: VD ( ) Delete
Name: WILLIAMS, JOE ANN
Address: 2360 N.W. 34TH TERR.
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: SD ( ) Delete
Name: FLETCHER, BETTY
Address: 4401 NW 5TH ST.
City-St-Zip: PLANTATION, FL 33317

Title: TD ( ) Delete
Name: DIAZ, ERWIN
Address: 4709 SW 23TH TERR.
City-St-Zip: DANIA BEACH, FL 33312

Title: D ( ) Delete
Name: BROOKS, ROBERT
Address: 1741 NW 26TH TERR.
City-St-Zip: FT. LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TD (X) Change ( ) Addition
Name: FLETCHER, BETTY
Address: 4401 NW 5TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: D (X) Change ( ) Addition
Name: WILLIAMS, JOE ANN
Address: 2360 NW 34TH TERRACE
City-St-Zip: LAUDERDALE LAKES, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CEASAR WILLIAMS PD 04/29/2007

Electronic Signature of Signing Officer or Director — Date