



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90017 040 ****61.25

DOCUMENT # N03000011044					
1. Entity Name HOUSE OF REFUGE ON THE MOVE FOR GOD MINISTRIES INC.					
Principal Place of Business 9424 WINDERMERE LAKE DR. 103 RIVERVIEW, FL 33569			Mailing Address P. O. BOX 3874 BRANDON, FL 33509		
2. Principal Place of Business 309 16th St W.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02252004 Chg-NP CR2E037 (10/03)	
City & State Palmetto, FL		City & State		4. FEI Number 45-0513101	
Zip 34221		Country MANATEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIMON, LOUIS T 309 16TH STREET WEST PALMETTO, FL 34221			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 <u>Louis J. Simon</u> DATE <u>3/1/04</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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 F	NAME SIMON, STELLA L <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 9424 WINDERMERE LK. DR.	CITY-ST-ZIP RIVERVIEW, FL 33569		STREET ADDRESS	CITY-ST-ZIP	
TITLE P	NAME SIMON, LOUIS T <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 309 16TH STREET WEST	CITY-ST-ZIP PALMETTO, FL 34221		STREET ADDRESS	CITY-ST-ZIP	
TITLE V	NAME MURRELL, SHEMEKA L <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1211 26TH STREET CT. EAST	CITY-ST-ZIP PALMETTO, FL 34221		STREET ADDRESS	CITY-ST-ZIP	
TITLE A	NAME JOHNSON, DARRELL <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3223 3RD STREET WEST APT. 29	CITY-ST-ZIP BRADENTON, FL 34205		STREET ADDRESS	CITY-ST-ZIP	
TITLE S	NAME JOHNSON, TEISHA B <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3223 3RD STREET WEST APT. 29	CITY-ST-ZIP BRADENTON, FL 34205		STREET ADDRESS	CITY-ST-ZIP	
TITLE T	NAME MURRELL, CHARLIE MAE S <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1211 26TH STREET CT EAST	CITY-ST-ZIP PALMETTO, FL 34221		STREET ADDRESS	CITY-ST-ZIP	
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: <u>Louis J. Simon</u> <u>3/1/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					