

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90084 014 ****70.00

DOCUMENT # N03000011044

1. Entity Name

HOUSE OF REFUGE ON THE MOVE FOR GOD
MINISTRIES INC.



Principal Place of Business

309 16TH ST W.
PALMETTO FL 34221

Mailing Address

P. O. BOX 3874
BRANDON FL 33509

20013307



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

309 16th St. W

Suite, Apt. #, etc.

City & State

PALMETTO, FL

Zip

34221

Country

MAQUATEE

4. FEI Number

45-0513101

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMON, LOUIS T
309 16TH STREET WEST
PALMETTO FL 34221

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, 2005

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	F	<input type="checkbox"/> Delete
NAME	SIMON, STELLA L	
STREET ADDRESS	9424 WINDERMERE LK. DR.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	P	<input type="checkbox"/> Delete
NAME	SIMON, LOUIS T	
STREET ADDRESS	309 16TH STREET WEST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MURRELL, SHEMEEKA L	
STREET ADDRESS	1211 26TH STREET CT. EAST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	A	<input type="checkbox"/> Delete
NAME	JOHNSON, DARRELL	
STREET ADDRESS	3223 3RD STREET WEST APT. 29	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, TEISHA B	
STREET ADDRESS	3223 3RD STREET WEST APT. 29	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MURRELL, CHARLIE MAE S	
STREET ADDRESS	1211 26TH STREET CT EAST	
CITY-ST-ZIP	PALMETTO FL 34221	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, STELLA L	
STREET ADDRESS	9424 WINDERMERE LK. DR.	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	F/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMON, LOUIS T	
STREET ADDRESS	309 16th St. W	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Louis T. Simon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 4, 2005 (945) 758-8879
Date Daytime Phone #