

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011044

FILED
Feb 05, 2009
Secretary of State

Entity Name: HOUSE OF REFUGE ON THE MOVE FOR GOD MINISTRIES INC.

Current Principal Place of Business:

309 16TH ST W.
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

309 16TH ST W.
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 45-0513101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, LOUIS T
309 16TH ST W.
PALMETTO, FL 34221 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: F/P () Delete
Name: SIMON, LOUIS T
Address: 309 16TH ST W.
City-St-Zip: PALMETTO, FL 34221

Title: CO-F () Delete
Name: SIMON, STELLA L
Address: 4039 PERIDOT DR.
City-St-Zip: VIRGINIA BEACH, VA 23456

Title: A () Delete
Name: JOHNSON, DARRELL
Address: 5640 PINE LAKE CIRCLE APT. # 205
City-St-Zip: BRADENTON, FL 34207

Title: S () Delete
Name: DAVIS, LEATHAL
Address: 707 59TH TER E.
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: A (X) Change () Addition
Name: JOHNSON, DARRELL
Address: 3800 LAKE BAYSHORE DR. APT. #220
City-St-Zip: BRADENTON, FL 34205 US

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

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: LOUIS T. SIMON

F/P

02/05/2009

Electronic Signature of Signing Officer or Director

Date