

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 20, 2005
Secretary of State**

DOCUMENT# N03000011049

Entity Name: THE REFUGE, A HEALING PLACE, FOUNDATION, INC.

Current Principal Place of Business:

14835 S.E. 85TH STREET
OCKLAWAHA, FL 32179

New Principal Place of Business:

Current Mailing Address:

14835 S.E. 85TH STREET
OCKLAWAHA, FL 32179

New Mailing Address:

FEI Number: 56-2430195 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHAPMAN, KRISTINE M
2000 GLADES ROAD
STE. 306
BOCA RATON, FL 33431 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: D () Delete
Name: STEVENSON, SCOTT
Address: 7427 FLORANADA WAY
City-St-Zip: DELRAY BEACH, FL 33446

Title: D () Delete
Name: BAKER, DENISE
Address: 445 S.W. 4TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: CRANE, JUDITH
Address: 14835 S.E. 85TH STREET
City-St-Zip: OCKLAWAHA, FL 32179

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SCOTT STEVENSON

D

04/20/2005

Electronic Signature of Signing Officer or Director

_____ Date