

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 07, 2008  
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 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: LEE NICHOLSON

OM

01/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date