

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002284

FILED
Mar 19, 2009
Secretary of State

Entity Name: THE REFUGE RANCH, INC.

Current Principal Place of Business:

24240 SW MARTIN HWY
OKEECHOBEE, FL 34947

New Principal Place of Business:

Current Mailing Address:

24240 S W MARTIN HWY
OKEECHOBEE, FL 34947

New Mailing Address:

FEI Number: 20-0829027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNKLIN MEMORIAL CHURCH, INC.
3342 SW HOSANNAH LN
OKEECHOBEE, FL 34947 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: BEESON, FRED V
Address: 24240 S W MARTIN HWY
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: BEESON, MELANIE B
Address: 24240 S W MARTIN HWY
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: MURROW, HUGH
Address: 3342 SW HOSANNAH LN
City-St-Zip: OKEECHOBEE, FL 34947

Title: D () Delete
Name: VICK, HAROLD
Address: 10902 LARCH CT
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: EVANS, DONALD E
Address: 3342 SW HOSANNAH LANE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: CROSS, KATHY
Address: 1510 W AVE A
City-St-Zip: BELLE GLADE, FL 33430

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:

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

Title: () Change () Addition
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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: FRED V. BEESON, JR.

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

Date