

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000004581

1. Entity Name
PLACE OF REFUGE, INC.



Principal Place of Business
**315 MAPLE NORTH
LEHIGH ACRES, FL 33972**

Mailing Address
**315 MAPLE NORTH
LEHIGH ACRES, FL 33972**



03022006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0244883

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COMRIE, HYACINTH Y
315 MAPLE NORTH
LEHIGH ACRES, FL 33972**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	COMRIE, HYACINTH Y
STREET ADDRESS	315 MAPLE NORTH
CITY-ST-ZIP	LEHIGH ACRES, FL 33972
TITLE	VCD
NAME	REID, LEILA
STREET ADDRESS	391 24TH AVENUE NORTHEAST
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	TD
NAME	JOHANNESON, NORMA
STREET ADDRESS	5401 TWIN CREEK PLACE
CITY-ST-ZIP	NORCROSS, GA 70071
TITLE	SD
NAME	THORPE, GERALD
STREET ADDRESS	5250 HUNTER BOULEVARD
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000537489
05/09/06-80018-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Hyacinth Comrie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-06

Date

839-303-2545

Daytime Phone #