


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
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
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DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

DO NOT WRITE
IN THIS SPACE

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04/20/07-80128-006 61.25

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: <i>Hyacinth Comrie</i>	<i>4-9-07</i>	<i>239-303-2545</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>