

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004581

FILED
Apr 21, 2009
Secretary of State

Entity Name: PLACE OF REFUGE, INC.

Current Principal Place of Business:

315 MAPLE AVENUE NORTH
LEHIGH ACRES, FL 33972

New Principal Place of Business:

315 MAPLE AVENUE NORTH
LEHIGH ACRES, FL 33936

Current Mailing Address:

315 MAPLE AVENUE NORTH
LEHIGH ACRES, FL 33972

New Mailing Address:

315 MAPLE AVENUE NORTH
LEHIGH ACRES, FL 33936

FEI Number: 30-0244883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COMRIE, HYACINTH Y
315 MAPLE AVENUE NORTH
LEHIGH ACRES, FL 33972 US

Name and Address of New Registered Agent:

COMRIE, HYACINTH Y
315 MAPLE AVENUE NORTH
LEHIGH ACRES, FL 33936 US

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:

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: COMRIE, HYACINTH Y
Address: 315 MAPLE AVENUE NORTH
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VCD () Delete
Name: REID, LEILA
Address: 391 24TH AVENUE NORTHEAST
City-St-Zip: NAPLES, FL 34102

Title: TD () Delete
Name: JOHANNESON, NORMA
Address: 5401 TWIN CREEK PLACE
City-St-Zip: NORCROSS, GA 70071

Title: SD () Delete
Name: THORPE, GERALD
Address: 5250 HUNTER BOULEVARD
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: COMRIE, HYACINTH Y
Address: 315 MAPLE AVENUE NORTH
City-St-Zip: LEHIGH ACRES, FL 33936

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: HYACINTH COMRIE

CD

04/21/2009

Electronic Signature of Signing Officer or Director

Date