

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008416

FILED
May 17, 2007
Secretary of State

Entity Name: HOUSE OF REFUGE COGBF, INC.

Current Principal Place of Business:

84 AVENUE B
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

84 AVENUE B
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 55-0877784 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SMITH, ALONZO JR
3021 MARSHFIELD PRESERVE WY
KISSIMMEE, FL 34746 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, ALONZO JR
Address: 3021 MARSHFIELD PRESERVE WY
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: LUCAS, BRIAN
Address: 135 ROSA AVE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: DESHAZOR, ANTHONY
Address: 6016 RALEIGH STREET APT 2905
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: HOLLIDAY, LASONJIA
Address: 9536 LAKE DOUGLAS DR
City-St-Zip: ORLANDO, FL 32803

Title: () Delete
Name:
Address:
City-St-Zip:

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: D (X) Change () Addition
Name: HOLLIDAY, LASONJIA
Address: 1012 WHITTIER CIRCLS
City-St-Zip: OVIEDO, FL 32765

Title: D () Change (X) Addition
Name: HERRING, ANTHONY
Address: 320 QUEEN AVE
City-St-Zip: OVIEDO, FL 32765

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: ALONZO SMITH

D

05/17/2007

Electronic Signature of Signing Officer or Director

Date