

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008416

FILED  
Apr 29, 2011  
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 ( )**

**Name and Address of Current Registered Agent:**

SMITH, ALONZO JR  
3021 MARSHFIELD PRESERVE WY  
KISSIMMEE, FL 34746 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  
Name: SMITH, ALONZO JR  
Address: 3021 MARSHFIELD PRESERVE WY  
City-St-Zip: KISSIMMEE, FL 34746

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

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

Title: D  
Name: HOLLIDAY, LASONJIA  
Address: 1012 WHITTIER CIRCLE  
City-St-Zip: OVIEDO, FL 32765

Title: D  
Name: HERRING, ANTHONY  
Address: 320 QUEEN AVE  
City-St-Zip: OVIEDO, FL 32765

I hereby 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 all other like empowered.

SIGNATURE: ALONZO SMITH

D

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date