

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001641

Entity Name: HEBRON REFUGE, INC

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

20722 TRILBY ROAD
DADE CITY, FL 33523

New Principal Place of Business:

20722 OLD TRILBY ROAD
DADE CITY, FL 33523

Current Mailing Address:

P O BOX 1514
DADE CITY, FL 33526

New Mailing Address:

FEI Number: 61-1483511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, CHARLINE
38944 SPARKMAN ROAD
DADE CITY, FL 33523 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: P () Delete
Name: COWARD, ALFREDA
Address: 4723 NW 82ND AVENUE
City-St-Zip: LAUDERHILL, FL 33351

Title: VP () Delete
Name: MILLER-MITCHELL, DOMETA
Address: 20722 TRILBY ROAD
City-St-Zip: DADE CITY, FL 33523

Title: S () Delete
Name: COWARD, SAUNDRA
Address: 10341 CAYO COSTA CT
City-St-Zip: CLERMONT, FL 34711

Title: T () Delete
Name: MILLER, CHARLINE
Address: 39844 SPARKMAN ROAD
City-St-Zip: DADE CITY, FL 33523

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: T (X) Change () Addition
Name: HARRIS, JANET
Address: 37507 OAKVIEW CIRCLE
City-St-Zip: DADE CITY, FL 33523

Title: TRUS () Change (X) Addition
Name: TUCKER, MAXINE
Address: 14610 OSCEOLA STREET
City-St-Zip: DADE CITY, FL 33523

I hereby certify that the information supplied with this filing does not qualify for the 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: SAUNDRA COWARD

DIRE

04/30/2006

Electronic Signature of Signing Officer or Director

Date