

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001641

Entity Name: HEBRON REFUGE, INC

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

132 FLAME VINE WAY  
GROVELAND, FL 4736

## New Principal Place of Business:

## Current Mailing Address:

POST 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:

COWARD AND COWARD, PA  
4723 NW 82ND AVE

LAUDERHILL, FL 33351 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, KIMBERLY  
Address: 4723 NW 82ND AVENUE  
City-St-Zip: LAUDERHILL, FL 33351

Title: VP ( ) Delete  
Name: MILLER-MITCHELL, DOMETA  
Address: 2467 HARRISON PLACE  
City-St-Zip: LAKELAND, FL 33810

Title: S ( ) Delete  
Name: COWARD, SAUNDRA  
Address: 132 FLAME VINE WAY  
City-St-Zip: GROVELAND, FL 34736

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MILLER-MITCHELL, DOMETA  
Address: 8173 OAKHURST BLVD  
City-St-Zip: LAKELAND, FL 33810

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: SAUNDRA COWARD

SECR

04/29/2009

Electronic Signature of Signing Officer or Director

Date