

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001641

FILED  
Apr 30, 2011  
Secretary of State

Entity Name: HEBRON REFUGE, INC

**Current Principal Place of Business:**

1336 CHESTNUT AVE  
LAKELAND, FL 33805

**New Principal Place of Business:**

3105 BAIRD STREET  
LAKELAND, FL 33805

**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 & COWARD, PA  
7101 W COMMERCIAL BLVD  
SUITE 4A  
FT LAUDERDALE, FL 33319 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  
Name: MITCHELL, DOMETA  
Address: 3105 BAIRD STREET  
City-St-Zip: LAKELAND, FL 33805

Title: VP  
Name: COWARD, SAUNDRA  
Address: 10636 CEDAR FOREST CIRCLE  
City-St-Zip: CLERMONT, FL 34711

Title: S  
Name: TUCKER, JIMETA  
Address: 38442 TUCKER AVE  
City-St-Zip: DADE CITY, FL 33523

Title: T  
Name: HARRINGTON, SHAMANEIK  
Address: POST OFFICE 875  
City-St-Zip: GROVELAND, FL 34736

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

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: SAUNDRA COWARD

VP

04/30/2011

Electronic Signature of Signing Officer or Director

Date