


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000001129	
1. Entity Name THE MISSION. "A HOUSE OF PRAYER & REFUGE" MINISTRIES, INC.	

Principal Place of Business 1075 WALNUT ST JACKSONVILLE, FL 32209	Mailing Address 6035 FORT CAROLINE ROAD SUITE #15 JACKSONVILLE, FL 32277
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FILED
Sep 03, 2008 08:00 AM
Secretary of State



08292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 75-3197721	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GARMON, LA VATA 1075 WALNUT ST JACKSONVILLE, FL 32209
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000958924
09/03/08-80009-011 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOB GARMON, HAL C 1075 WALNUT ST JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARMON, LA VATA 1075 WALNUT ST JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MURRAY, LORETTA J 3429 DEER ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KEARNEY, GWENDOLYN L 3237 HUNT ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BROWN, BRENDA 1081 FULLER LN JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *La Vata Garmon - La Vata Garmon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/08
Date

(904) 329-9153
Daytime Phone #