2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N07000003161

Entity Name: IN THE PLACE OF GOD MINISTRIES-HEBRON REFUGE FOUNDATION, INC

Current Principal Place of Business:

15915 US HIGHWAY 301
DADE CITY, FL 34711

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1514
DADE CITY, 33526

New Mailing Address:

15915 US HIGHWAY 301
DADE CITY, FL 34711

FEI Number: 74-3209459 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COWARD & COWARD, P.A.
7101 W. COMMERCIAL BLVDL,
STE. 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 ( ) Delete
Name: COWARD, SAUNDRA
Address: 10341 CAYO COSTA CT
City-St-Zip: CLERMONT, FL 34711

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

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

Title: SEC ( ) Delete
Name: GENTLES, FANNIE
Address: 27095 FERNERY AVENUE
City-St-Zip: BROOKSVILLE, FL 34602

Title: TRUS ( ) Delete
Name: MILLER, CHARLINE
Address: 2467 HARRISON PLACE
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COWARD, SAUNDRA
Address: 132 FLAME VINE WAY
City-St-Zip: GROVELAND, FL 34736

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: ( ) 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 PRES 04/30/2008

Electronic Signature of Signing Officer or Director — Date