

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N07000003456

Entity Name: HOUSE OF REFUGE OUTREACH MINISTRIES OF LAKELAND, FLORIDA, INC.

Current Principal Place of Business:

1516 CLAIRDALE LANE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 0057
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 20-8720812 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BROOKS, RICKY M
1516 CLAIRDALE LANE
LAKELAND, FL 33801 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: D () Delete
Name: FETTERHOFF, MARTHA
Address: 2442 MCARTHUR ST.
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: DESHOMMES, PATRICE
Address: 219 SANTA ROSA DR.
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: MORROW, STEVE
Address: 3119 BIG VALLEY DR.
City-St-Zip: LAKELAND, FL 33812

Title: PRES () Delete
Name: BROOKS, RICKY
Address: 1516 CLAIRDALE LANE
City-St-Zip: LAKELAND, FL 33801

Title: TREA () Delete
Name: BROOKS, DONNA
Address: 1516 CLAIRDALE LANE
City-St-Zip: LAKELAND, FL 33801

Title: SEC. () Delete
Name: FETTERHOFF, MARTHA
Address: 2442 MCARTHUR ST.
City-St-Zip: LAKELAND, FL 33801

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: () Change () Addition
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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: RICKY M. BROOKS

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date