

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001517

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: HIS HOUSE OF REFUGE, INC.

## Current Principal Place of Business:

6922 20TH AVENUE SOUTH  
TAMPA, FL 33619

## New Principal Place of Business:

## Current Mailing Address:

6922 20TH AVENUE SOUTH  
TAMPA, FL 33619

## New Mailing Address:

FEI Number: 26-2218637      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GONZALEZ, ELVYN  
6616 EAST CHELSEA STREET  
TAMPA, FL 33610      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: PD      ( ) Delete  
Name: GONZALEZ, ELVYN  
Address: 601 HERITAGE PARK COURT  
City-St-Zip: VALRICO, FL 33594

Title: SD      (X) Delete  
Name: LUGO, MIRTA  
Address: 2252 FLUORSHIRE DRIVE  
City-St-Zip: BRANDON, FL 33511

Title: D      (X) Delete  
Name: PEREIRA, MILAGROS  
Address: 1630 SOUTHWIND DRIVE  
City-St-Zip: BRANDON, FL 33510

Title: VPD      ( ) Delete  
Name: CAPTEVILA, ALBERT  
Address: 12846 BIG SUR DRIVE  
City-St-Zip: TAMPA, FL 33625

Title: TD      ( ) Delete  
Name: ALBALADEJO, MIRTA  
Address: 5840 HERONVIEW CRESCENT DR  
City-St-Zip: LITHIA, FL 33547

## 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  
Name:  
Address:  
City-St-Zip:

Title: ST      (X) Change ( ) Addition  
Name: ALBALADEJO, MIRTA  
Address: 5840 HERONVIEW CRESCENT DR  
City-St-Zip: LITHIA, FL 33547

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: MIRTA ALBALADEJO

ST

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date