

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005555

FILED  
May 02, 2009  
Secretary of State

**Entity Name:** THE REFUGE HOUSE FOR REVITALIZATION ENTERPRISES, INCORPORATED

**Current Principal Place of Business:**

2902 NW 185TH TERRACE  
MIAMI, FL 33055

**New Principal Place of Business:**

2483 N.N.177 TERRACE  
MIAMI, FL 33055

**Current Mailing Address:**

2902 NW 185TH TERRACE  
MIAMI, FL 33055

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GRAHAM, MAXIE  
2902 NW 185TH TERRACE  
MIAMI, FL 33055 US

**Name and Address of New Registered Agent:**

GRAHAM, MAXIE  
2483 N.W. 177 TERRACE  
MIAMI, FL 33055 US

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: MAXIE GRAHAM

05/02/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GRAHAM, MAXIE  
Address: 2902 NW 185TH TERRACE  
City-St-Zip: MIAMI, FL 33055

Title: EVP ( ) Delete  
Name: MCHENRY, KEVIN  
Address: 2902 NW 185TH TERRACE  
City-St-Zip: MIAMI, FL 33055

Title: V ( ) Delete  
Name: LUCAS, LORAIN  
Address: 3450 NW 205 ST  
City-St-Zip: MIAMI, FL 33056

**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:

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: MAXIE GRAHAM

P

05/02/2009

Electronic Signature of Signing Officer or Director

Date