

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009827

FILED
Jul 01, 2009
Secretary of State

Entity Name: OKOA REFUGE, INC.

Current Principal Place of Business:

12273 HINDMARSH CIRCLE, EAST
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

12273 HINDMARSH CIRCLE, EAST
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 30-0513457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

WORKMAN, TYLER J
12273 HINDMARSH CIRCLE, EAST
JACKSONVILLE, FL 32225 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WORKMAN, TYLER J
Address: 12273 HINDMARSH CIRCLE, EAST
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete
Name: WORKMAN, HANNA L
Address: 12273 HINDMARSH CIRCLE, EAST
City-St-Zip: JACKSONVILLE, FL 32225

Title: TREA () Delete
Name: FRANTZ, BRENT D
Address: 1643 8TH STREET, SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SEC () Delete
Name: FUTCH, BONNIE R
Address: 7604 MAYAPPLE ROAD
City-St-Zip: JACKSONVILLE, FL 32211

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:

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: TYLER J. WORKMAN

PRES

07/01/2009

Electronic Signature of Signing Officer or Director

Date