

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009827

FILED  
Jan 05, 2011  
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 ( )

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

WORKMAN, TYLER J  
12273 HINDMARSH CIRCLE, EAST  
JACKSONVILLE, FL 32225 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  
Name: WORKMAN, TYLER J  
Address: 12273 HINDMARSH CIRCLE, EAST  
City-St-Zip: JACKSONVILLE, FL 32225

Title: TREA  
Name: WORKMAN, HANNA L  
Address: 12273 HINDMARSH CIRCLE, EAST  
City-St-Zip: JACKSONVILLE, FL 32225

Title: SEC  
Name: CLOWE, AUDREY M  
Address: 12273 HINDMARSH CIRCLE, EAST  
City-St-Zip: JACKSONVILLE, FL 32225

Title: REP  
Name: KASOZI, GERALD M  
Address: 5 KAYIKIRITI VILLAGE  
City-St-Zip: NYENDO, MK UG

Title: REP  
Name: PALMER, SIGGY M  
Address: 211 COUNTY ROAD 202  
City-St-Zip: DURANGO, CO 81301

I hereby 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 all other like empowered.

SIGNATURE: TYLER J WORKMAN

P

01/05/2011

Electronic Signature of Signing Officer or Director

Date