

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010136

FILED  
Mar 30, 2011  
Secretary of State

Entity Name: HOUSE OF REFUGE INC.

**Current Principal Place of Business:**

2921 STATE RD 16 WEST  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 148  
PENNEY FARMS, FL 32079

**New Mailing Address:**

FEI Number: 27-3938906      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GREEN, EZELLA  
2921 STATE RD 16 WEST  
GREEN COVE SPRINGS, FL 32043 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: GREEN, EZELLA  
Address: PO BOX 148  
City-St-Zip: PENNEY FARMS, FL 32079

Title: CP  
Name: MARTIN, MICHAEL  
Address: 2178 LEDGER CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D  
Name: HEARD, ELLA  
Address: 1524 FORBES ST  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D  
Name: HUNTER, BETTY  
Address: PO BOX 109  
City-St-Zip: PENNEY FARMS, FL 32079

Title: D  
Name: ROBINSON, TONNETTA  
Address: 1308 MARTIN LUTHER KING JR. BLVD.  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D  
Name: GREEN, PETER E  
Address: 2921 STATE RD. 16 WEST  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: TONNETTA ROBINSON

D

03/30/2011

Electronic Signature of Signing Officer or Director

Date