

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 07, 2005 8:00 am
Secretary of State

01-31-2005 90059 039 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N32261 1. Entity Name HOUSE OF REFUGE MINISTRIES, INC.					
Principal Place of Business 1001 CELERY AVE P.O. BOX 2982 SANFORD FL 32772-9982 US			Mailing Address 1001 CELERY AVE P.O. BOX 2982 SANFORD FL 32772-9982 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-2957129 Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State			
Zip		Zip			
Country		Country			
6. Name and Address of Current Registered Agent RICHARDSON, DORA W 3291 SAFE HARBOR LANE LAKE MARY FL 32746				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOVES, TERENCE 124 MONTEREY OAKS DRIVE SANFORD FL 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Darrilyn M. Stoves 124 Monterey Oaks Drive Sanford FL 32771	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC RICHARDSON, DORA W 3291 SAFE HARBOR LANE LAKE MARY FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Russell Holloman 1310 W. 3rd St. Sanford, FL 32771	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HICKMAN, ADONIS W 2200 DOLAR WAY ST SANFORD FL 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, ALVIN SR 2718 TEAK PLACE LAKE MARY FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JANET 2300 WATER STREET SANFORD FL 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNISA, DEBORAH 2010 JACK CT SANFORD FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCKINNIS	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Dora W. Richardson (Pastor Dora W. Richardson)</u> 3/1/05 407 334 4711 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					