

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32261

FILED  
Apr 19, 2010  
Secretary of State

**Entity Name:** HOUSE OF REFUGE MINISTRIES, INC.

**Current Principal Place of Business:**

1001 CELERY AVE  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2982  
SANFORD, FL 327729982 US

**New Mailing Address:**

**FEI Number:** 59-2957129

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RICHARDSON, DORA W  
3291 SAFE HARBOR LANE  
LAKE MARY, FL 32746 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: PAS.  
Name: RICHARDSON, DORA W  
Address: 3291 SAFE HARBOR LANE  
City-St-Zip: LAKE MARY, FL 32746

Title: MR  
Name: STOVES, TERENCE  
Address: 124 MONTEREY OAKS DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: MRS  
Name: STOVES, DARRILYN  
Address: 124 MONTEREY OAKS DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: MRS  
Name: JOHNSON, JANET  
Address: 2300 WATER STREET  
City-St-Zip: SANFORD, FL 32771

Title: MS  
Name: MCKINNIS, DEBORAH  
Address: 2010 JACK CT  
City-St-Zip: SANFORD, FL 32771

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: DORA W. RICHARDSON

MRS

04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date