FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****68.75 *****68.75
DO NOT WRITE IN THIS SPACE

DOCUMENT # **N94000006287 (6)**

1. Corporation Name

HOUSE OF REFUGE PRAYER CENTER GOD'S CALLING GOSP EL HOLINESS CHURCH INC.

Principal Place of Business	Mailing Address
2301 N.W. 139TH ST. OPA LOCKA FL 33054	2301 N.W. 139TH ST. OPA LOCKA FL 33054

3. Date Incorporated or Qualified: 12/22/1994
3a. Date of Last Report:

4. FEI Number: APPLY FOR ☑ Applied For ☐ Not Applicable

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.052, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THOMPSON, ELIZABETH
2301 N.W. 139TH ST.
OPA LOCKA FL 33054

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, ELIZABETH	12 NAME	
STREET ADDRESS	2301 N.W. 139TH ST.	13 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	JONES, W.J.	22 NAME	
STREET ADDRESS	2261 N.W. 58TH ST.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	SMITH, SHARING	32 NAME	
STREET ADDRESS	19213 N.W. 34TH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	MCKENZIE, CASSANDRA	42 NAME	
STREET ADDRESS	19615 N.W. 32ND CT.	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BULTER, DENISE	52 NAME	
STREET ADDRESS	3250 N.W. 212TH ST.	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elizabeth Thompson 5-1-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Electronic Filer

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