

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000005166 (2)
1. Corporation Name
THE HOUSE OF REFUGE, INC.



Principal Place of Business: **204 ESSEX DRIVE FT. PIERCE FL 34946**
Mailing Address: **204 ESSEX DRIVE FT. PIERCE FL 34946**

3. Date Incorporated or Qualified: **11/01/1995**
3a. Date of Last Report

2. Principal Place of Business
21 []
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country
26 2a. Mailing Address
P.O. Box 2016
27 Suite, Apt. #, etc.
28 28 City & State
Ft. Pierce FL 33465
29 Zip 30 Country
FLUCIE

4. FEI Number: **65-064216-161400**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
HADDEN, DAVID
204 ESSEX DRIVE
FT. PIERCE FL 34946

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PVTS	<input type="checkbox"/> DELETE
NAME	HADDEN, DAVID	
STREET ADDRESS	204 ESSEX DRIVE	
CITY-ST-ZIP	FT. PIERCE FL 34946	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Fricka Cooper	
STREET ADDRESS	1413 S. H STREET	
CITY-ST-ZIP	Lake Worth FL 33460	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Cingerton Simmons	
STREET ADDRESS	4403 Montezuma Avenue	
CITY-ST-ZIP	Ft. Pierce FL 34946	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME	
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

200001765562
-04/02/96--01007--000
*****61.25** **036**

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)(k), 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: _____ (President) 3-12-96 (407) 465-0993
Date: _____

CR2E037 (12/96)