

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 04 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **N95000005166 (2)**

1. Corporation Name

**THE HOUSE OF REFUGE, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 2046  
FT. PIERCE FL 33465

P.O. BOX 2046  
FT. PIERCE FL 33465



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/01/1995** 3a. Date of Last Report **04/01/1996**

4. FEI Number **65-0614216** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **P.O. BOX 3104 Lantana, FL 33465**

Suite, Apt. #, etc.

22 City & State

23 **Lantana, FL**

24 Zip

**33465**

Country

25 **Palm Beach**

2a. Mailing Address

26 **P.O. BOX 3104 Lantana FL 33465**

Suite, Apt. #, etc.

27 City & State

28 **LANTANA FLORIDA**

29 Zip

**33465**

Country

30 **Palm Beach**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PVTS  
HADDEN, DAVID**  
STREET ADDRESS **204 ESSEX DRIVE**  
CITY-ST-ZIP **FT. PIERCE FL 34946**

TITLE ☐ DELETE

NAME **T  
COOPER, ERICKA**  
STREET ADDRESS **1413 S "H" ST**  
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ DELETE

NAME **T  
SIMMONS, ANGERLON**  
STREET ADDRESS **4903 MONTEZAS AVE**  
CITY-ST-ZIP **FT PIERCE FL 34946**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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 SIGNATURE REQUIRED

5/12/97

CR2E037 (4/97)