## 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).

**NONPROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N95000005166 (2) DOCUMENT #

THE HOUSE OF REFUGE, INC.

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## FILED Aug 04 1997 8:00am Secretary of State



4/20/97 ( )

Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Suite, Apt. #, etc.  Suite, Apt. #, e										
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2.   Principal Place of Business   2.   Ambiling Address   2.   Ambiling Add	F1. PIENCE FL 33465						DO NOT WRITE	IN THIS SPACE		
2.   Principal Place of Business   2.   Mailing Address   2.   Mailing Address   3.   4.   FEI Number   65-0614216     Next Applicable   Suite April 4   65-0614216   Next Applicable   Suite April 4   65-0614216   Next Applicable   Suite April 4   65-0614216   Next Applicable   Suite April 4   65-0614216   Next Applicable   Suite April 4   Suite A									,	
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Name and Address of Current Registered Apent					•				r Intangible	
HADDEN, DAVID 204 ESSEX DRIVE FT. PIERCE FL 34946  82 Street Address (P.O. Box Number is Not Acceptable)  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, and accept the chilipations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  PUTS  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. THE  HADDEN, DAVID  20. ESSEX DRIVE  1.3 SIRECT ADDRESS  1.4 GTV-S1-2P  1.4 GTV-S1-2P  TILE  T	24 3546			30 /c	/M	Beach	· · · · · · · · · · · · · · · · · · ·		□ No	
HADDEN, DAVID 204 ESSEX ORIVE FT. PIERCE FL 34946  88 Ority FL 85 Zip Code  11. Pursuant to the provisions of Socions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socion 617.0503, Provide Statutes.  SIGNATURE Signature, hyred or printed name or registered agent and accept the obligations of, Socion 617.0503, Provide Statutes.  SIGNATURE  PVTS NAME NAME PVTS NAME PVTS NAME PVTS NAME NAME PVTS NAME PVTS NAME NAME NAME PVTS NAME NAME NAME PVTS NAME NAME NAME PVTS NAME NAME NAME NAME PVTS NAME NAME NEET ADDRESS CITY-ST-ZP NAME NAME NEET ADDRESS CITY-ST-ZP NAME NAME NEET ADDRESS NEET ADDRESS CITY-ST-ZP NAME NAME NEET ADDRESS NAME NAME NEET ADDRESS NAME NAME NAME NAME NAME NAME NAME NAME	<u> </u>	g. Name and Address of Correct	Magistalan Maaili		81	Namo	10, Name and Address of New Het	istered Agent		
204 ESSEX DRIVE FT. PIERCE FL 34946  83  44 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 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, 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, 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 and accept the obligations of, Sociolous Statutes.  SIGNATURE  SIGNATURE  PVTS  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  INITE  PVTS  HADDEN, DAVID  20 ESSEX DRIVE  1.3 STRET ADDRESS  1.3 STRET ADDRESS  1.3 STRET ADDRESS  1.4 COVER, ERIGINA  1.4 CITY-ST-ZIP  TITLE  T	HADDEN DAMED						ss (P.O. Box Number is Not Accepteb	e)		
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, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILL  PVIS  HADDEN, DAVID  12. NAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. NAME  HADDEN, DAVID  12. NAME  13. STREET ADDRESS  14. STREET ADDRESS  14. STREET ADDRESS  15. TILLE  16. Change Addition  16. Change Addition  17. ST-2P  18. Change Addition  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. TILLE  10. Change Addition  19. Addition					83					
11. Pursuant to the provisions of Soctions 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this etatement for the purpose of changing lis replistered 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, and accept the obligations of, Soction 617,0503, Florida Statutes.  SIGNATURE    Signature   Signatu	11.11611	OL I E OTOTO			84	City		98	Zin Code	
SIGNATURE   Signature, hybrid or printed name of registered agent and tile if expiritable.   (NOTE: Registered Agent algebrare required when recitation)   DATE						•			,	
Supature, typed or printed name of regulated against agrounder required when retarrishing)   DATE	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.									
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information indicated on this annual report or supplemental armual 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 receive of 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.