

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N95000005166**

1. Entity Name
THE HOUSE OF REFUGE INC

Principal Place of Business Mailing Address
204 Essex Dr. Ft. Pierce, FL 34946 **P.O. Box 250701 Atlanta GA 30325**

2. Principal Place of Business 3. Mailing Address
204 Essex Drive **P.O. Box 250701**

Suite, Apt. #, etc. Suite, Apt. #, etc.

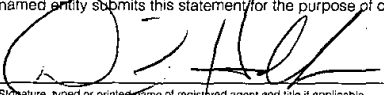
City & State **Fort Pierce Fl** City & State **Atlanta GA**

Zip **34946** Country **ST. LUCIE** Zip **30325** Country **FULTON**


APPROVED AND FILED
01 AUG 29 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DAVID HADDEN
202 Essex Drive
Ft. Pierce, FL 34946


7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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  **President** DATE **6-20-01**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
Make Check Payable to: **Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Erica Cooper 1413 South H Street Lake Worth, FL 33460 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004562138-2 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition -08/29/01--01066--001 ****131.25 ****131.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director David Hadden 202 Essex Drive Ft. Pierce, FL 34946 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Angelina Simmons 4903 Montanza's Avenue Ft. Pierce, Florida 34946 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marlene Hadden (D) <input type="checkbox"/> Delete 204 Essex Dr. Ft. Pierce, FL 34946	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **6-25-01** PHONE **70801-7984**

CR2E037 (1/1/00)