

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90095 005 ****61.25

DOCUMENT # N95000005166

1. Entity Name
THE HOUSE OF REFUGE, INC.

Principal Place of Business

**204 ESSEX DR.
 FORT PIERCE FL 34946
 US**

Mailing Address

**P.O. BOX 250701
 ATLANTA GA 30325**

2. Principal Place of Business

3. Mailing Address

P.O. Box 9564

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Riviera Beach Fla.

4. FEI Number

65-0614216

Applied For

Not Applicable

Zip

Country

Zip

Country

33419

Palm Beach

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HADDEN, DAVID
 202 ESSEX DRIVE
 FT. PIERCE FL 34946**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITILE Delete
 NAME **COOPER, ERICKA**
 STREET ADDRESS **1413 SOUTH H STREET**
 CITY-ST-ZIP **LAKE WORTH FL 33460**

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D Delete
 NAME **HADDEN, DAVID**
 STREET ADDRESS **202 ESSEX DR.**
 CITY-ST-ZIP **FORT PIERCE FL 34946**

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D Delete
 NAME **HADDEN, MARLENE**
 STREET ADDRESS **204 ESSEX DR.**
 CITY-ST-ZIP **FORT PIERCE FL 34946**

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)