


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000005166
 1. Entity Name
 THE HOUSE OF REFUGE, INC.



FILED
 04 OCT -1 PM 2: 57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: 204 ESSEX DR. FORT PIERCE, FL 34946 US
 Mailing Address: P.O. BOX 9564 RIVIERA BCH, FL 33419



**SEE ATTACHED
 DO NOT WRITE IN THIS SPACE**

03212003 No Chg-NP CR2E037 (10/03)
 4. FEI Number: 65-0614216 Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

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

**SEE ATTACHED
 DO NOT WRITE
 IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
 100041561871
 10/04/04 01018-009 **\$61.25
 DATE

**Filing Fee is \$61.25
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	COOPER, ERICKA
STREET ADDRESS	1413 SOUTH H STREET
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	D
NAME	HADDEN, DAVID
STREET ADDRESS	202 ESSEX DR.
CITY-ST-ZIP	FORT PIERCE, FL 34946
TITLE	T
NAME	SIMMONS, ANGERLON
STREET ADDRESS	4903 MONTEZAS AVE
CITY-ST-ZIP	FT PIERCE, FL 34946
TITLE	D
NAME	HADDEN, MARLENE
STREET ADDRESS	204 ESSEX DR.
CITY-ST-ZIP	FORT PIERCE, FL 34946
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

SEE ATTACHED

**DO NOT WRITE
 IN THIS SPACE**

10/10/04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: _____ Daytime Phone #: _____

May 21, 2004

David Hodden

202 ESSEX DR

Ft. Pierce, FL 34946
7

DIVISION OF CORPORATIONS

P.O. Box 6327

Tallahassee, FL 32314

To whom it may concern,

My name is David Hodden, President + CEO of the NOT-FOR-PROFIT Organization THE House of Refuge, Inc. EIN 65-0614216. I am requesting that the mailing address of the organization as well as the Registered Agent David Hodden be changed to 202 Essex Dr. Ft. Pierce, FL 34946 Telephone number 772 466-6218.

Respectfully submitted,

David Hodden

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