

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 06, 2005  
Secretary of State**

DOCUMENT# N95000005166

Entity Name: THE HOUSE OF REFUGE, INC.

**Current Principal Place of Business:**

204 ESSEX DR.  
FORT PIERCE, FL 34946 US

**New Principal Place of Business:**

202 ESSEX DR.  
FORT PIERCE, FL 34946 US

**Current Mailing Address:**

202 ESSEX DR.  
FT. PIERCE, FL 34946

**New Mailing Address:**

202 ESSEX DRIVE  
FT. PIERCE, FL 34946

FEI Number: 65-0614216      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: COOPER, ERICKA  
Address: 1413 SOUTH H STREET  
City-St-Zip: LAKE WORTH, FL 33460

Title: D ( ) Delete  
Name: HADDEN, DAVID  
Address: 202 ESSEX DR.  
City-St-Zip: FORT PIERCE, FL 34946 US

Title: T ( ) Delete  
Name: SIMMONS, ANGERLON  
Address: 4903 MONTEZAS AVE  
City-St-Zip: FT PIERCE, FL 34946

Title: D ( ) Delete  
Name: HADDEN, MARLENE  
Address: 204 ESSEX DR.  
City-St-Zip: FORT PIERCE, FL 34946 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: HADDEN, VATASSA L  
Address: 202 ESSEX DR.  
City-St-Zip: FT PIERCE, FL 34946

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HADDEN

D

01/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date