

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N95000005166

1. Entity Name
THE HOUSE OF REFUGE, INC.



FILED

07 OCT -3 AM 8:18



REINSTATEMENT 07
2nd MOORE CR2E037 (4/07)

Principal Place of Business Mailing Address
417 4TH LANE **417 4TH LANE**
PALM BEACH GARDENS FL 33418 **PALM BEACH GARDENS FL 33418**
US **US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0614216 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

7. Name and Address of New Registered Agent

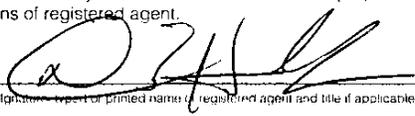
Name **David Hadden**

Street Address (P.O. Box Number is Not Acceptable)
417 4th Ln.

Palm Beach Gardens

City **FL** Zip Code **33418**

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  DATE **7-18-07**

Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
T <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	HADDEN, VATASSA L 417 4TH LANE PALM BEACH GARDENS FL 33418
D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	HADDEN, DAVID 417 4TH LANE PALM BEACH GARDENS FL 33418
T <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	SIMMONS, ANGERLON 4903 MONTEZAS AVE FT PIERCE FL 34946
D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	HADDEN, MARLENE 204 ESSEX DR. FORT PIERCE FL 34946
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	000109846720 09/24/07--01067--004 **61.25
<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	000109846720 10/09/07--01024--010 **236.25
<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or other like empowered.

SIGNATURE  **DAVID HADDEN** **7-18-07 (772) 475-8834**