
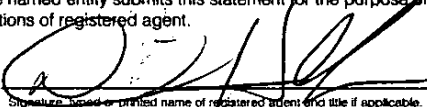
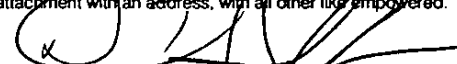


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90021 027 ****61.25

DOCUMENT # N95000005166					
1. Entity Name THE HOUSE OF REFUGE, INC.					
Principal Place of Business 417 4TH LANE PALM BEACH GARDENS, FL 33418 US			Mailing Address 417 4TH LANE PALM BEACH GARDENS, FL 33418 US		
2. Principal Place of Business - No P.O. Box # <i>3789 Dove Landing Road</i>		3. Mailing Address <i>3789 Dove Landing Road</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Lake Park, Florida</i>		City & State <i>Lake Park, FL</i>		4. FEI Number 65-0614216	
Zip <i>33408</i>		Country <i>Palm Beach</i>		Applied For Not Applicable	
Zip <i>33408</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HADDEN, DAVID 417 4TH LANE PALM BEACH GARDENS, FL 33418			Name <i>David Hadden</i>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<i>3789 Dove Landing Road</i>		
			City <i>Lake Park</i> FL Zip Code <i>33408</i>		
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 <i>4-11-08</i>		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		10. \$5.00 May Be Added to Fees
			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HADDEN, VATASSA L		NAME		
STREET ADDRESS	417 4TH LANE		STREET ADDRESS	<i>3789 Dove Landing Road</i>	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP	<i>Lake Park, FL 33408</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HADDEN, DAVID		NAME		
STREET ADDRESS	417 4TH LANE		STREET ADDRESS	<i>3789 Dove Landing Road</i>	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP	<i>Lake Park, FL 33408</i>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMMONS, ANGERLON		NAME		
STREET ADDRESS	4903 MONTEZAS AVE		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 34946		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HADDEN, MARLENE		NAME		
STREET ADDRESS	204 ESSEX DR.		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34946		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.					
SIGNATURE: 			Date <i>4-11-08</i>		Daytime Phone # <i>(772) 475-8834</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #