
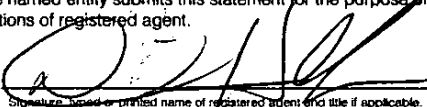
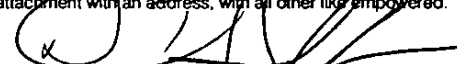


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**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 # 3789 Dove Landing Road Suite, Apt. #, etc.		3. Mailing Address 3789 Dove Landing Road Suite, Apt. #, etc.	
City & State Lake Park, Florida		City & State Lake Park, FL	
Zip 33408	Country Palm Beach	Zip 33408	Country USA
6. Name and Address of Current Registered Agent HADDEN, DAVID 417 4TH LANE PALM BEACH GARDENS, FL 33418		7. Name and Address of New Registered Agent Name: David Hadden Street Address (P.O. Box Number is Not Acceptable): 3789 Dove Landing Road City: Lake Park FL Zip Code: 33408	
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: 4-11-08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HADDEN, VATASSA L 417 4TH LANE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3789 Dove Landing Road Lake Park, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADDEN, DAVID 417 4TH LANE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3789 DOVE Landing Road Lake Park, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMMONS, ANGERLON 4903 MONTEZAS AVE FT PIERCE, FL 34946 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADDEN, MARLENE 204 ESSEX DR. FORT PIERCE, FL 34946 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 4-11-08 Daytime Phone #: (772) 475-8834	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

