


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90185 046 ****61.25

DOCUMENT # N95000005166

1. Entity Name
THE HOUSE OF REFUGE, INC.



Principal Place of Business
**204 ESSEX DR.
FORT PIERCE FL 34946
US**

Mailing Address
**P.O. BOX 9564
RIVIERA BCH FL 33419**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

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**

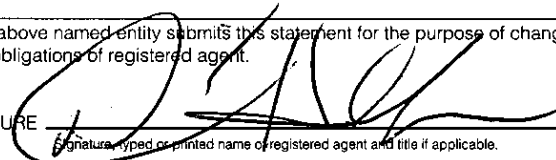
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 **02-19-03**

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

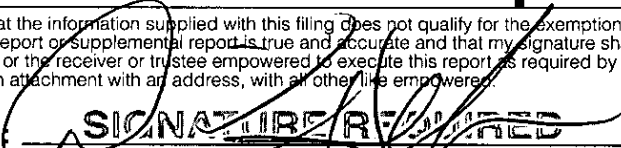
10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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  DATE **02-19-03** (561) 601-5734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)