

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2006
Secretary of State**

DOCUMENT# N96000001971

Entity Name: GOD'S REFUGE MINISTRIES, INC.

Current Principal Place of Business:

1014 MLK BLVD
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

PO BOX 3732
BRANDON, FL 335093752

New Mailing Address:

FEI Number: 59-3392715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYETTE, CHRISTINE
1923 SAWMILL ROAD
BRANDON, FL 33510 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: V () Delete
Name: HOWARD, ZENOLA
Address: 3304 BALLAST PT BLVD
City-St-Zip: TAMPA, FL 33611

Title: FS () Delete
Name: RAIFORD, TANGELA
Address: 3808 HIGHLAND GATE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: BOYETTE, TIMOTHY
Address: 1923 SAWMILL ROAD
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: LIGHTSEY, DAMETRIS
Address: 324 W WELLINGTON DR
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: REDDICK, WALTER JR
Address: 1969 CRYSTAL GROVE DR APT #99
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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 Chapter 119, 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: TIMOTHY BOYETTE

D

04/27/2006

Electronic Signature of Signing Officer or Director

Date