


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000005953</b>	
1. Entity Name HOUSE OF REFUGE HOLY CHURCH OF THE LIVING GOD, INC.	

Principal Place of Business 900 NORTH ST JACKSONVILLE, FL 32211	Mailing Address P.O. BOX 11925 JACKSONVILLE, FL 32277
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04062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3473460	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BROWN, FRED JR 7844 ROCKY FORT TRAIL JACKSONVILLE, FL 32277
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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 _____ <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B BROWN, FRED JR 7844 ROCKY FORT TRAIL JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, YVONNE 7844 ROCKY FORT TRAIL JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLISON, GARDNER 1749 SPRINKLE DR JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLISON, NELLIE 1749 SPRINKLE DR JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARKINS, BRENDA 9019 DEVONSHIRE BLVD JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSLEY, JOHN 2531 BARNETT ST. JACKSONVILLE, FL 32209

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04/22/04-80075-005 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> <u>Fred Brown Jr.</u> Fred Brown Jr.	4-19-04	(904) 244-6067
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>