

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90296 043 ****70.00

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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**

50051014



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05042005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3473460

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, FRED JR
7844 ROCKY FORT TRAIL
JACKSONVILLE, FL 32277**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**B
BROWN, FRED JR
7844 ROCKY FORT TRAIL
JACKSONVILLE, FL 32277** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROWN, YVONNE
7844 ROCKY FORT TRAIL
JACKSONVILLE, FL 32277** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ALLISON, GARDNER
1749 SPRINKLE DR
JACKSONVILLE, FL 32211** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Curtis Stafford
900 North St
Jacksonville FL 32211** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALLISON, NELLIE
1749 SPRINKLE DR
JACKSONVILLE, FL 32211** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LARKINS, BRENDA
9019 DEVONSHIRE BLVD
JACKSONVILLE, FL 32209** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOSLEY, JOHN
2531 BARNETT ST.
JACKSONVILLE, FL 32209** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Fred Brown Jr.* **Fred Brown Jr.** **5/6/05** **(904) 244-6067**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #