2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

ĐOCUMENT # N97000005953

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 FILED May 08, 2006 8:00 am Secretary of State

05-08-2006 90297 022 ****69.00

40087855



04272006 No Chg-NP

CR2E037 (11/05)

4. FEI Number Applied For 59-3473460 Not Applicable

5. Certificate of Status Desired

\$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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the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its registere	d office or r	egistered agent, or both, in	the State of Florida. I am familiar with, and accep	i
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		_
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 STAFFORD, CUTIS 900 N STREET JACKSONVILLE, FL 32211	-	DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARKINS, BRENDA 9019 DEVONSHIRE BLVD JACKSONVILLE, FL 32209			IN TH	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSLEY, JOHN 2531 BARNETT ST. JACKSONVILLE, FL 32209					
NAME STREET ADDRESS CITY-ST-ZIP						
12. I nereby	certify that the information supplied with t	this filing does not qualify for the exe	emptions co	ntained in Chapter 119, Flo	rida Statutes. I further certify that the information	

12. Thereby certify that the information supplied with this siling does not quality 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

Fred Brown Jr.

4-27-06

(904)635-6305

Daytime Ph