


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

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| DOCUMENT # N97000005953 1. Entity Name HOUSE OF REFUGE HOLY CHURCH OF THE LIVING GOD, INC. |  |
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| Principal Place of Business 900 NORTH ST JACKSONVILLE, FL 32211 | Mailing Address P.O. BOX 11925 JACKSONVILLE, FL 32277 |
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04272007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3473460 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BROWN, FRED JR 7844 ROCKY FORT TRAIL JACKSONVILLE, FL 32277 |
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IN THIS SPACE**

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

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000761921 05/25/07-80075-015 70.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| 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 |
| 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify 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: *Fred Brown Jr.* **Fred Brown Jr.** **4-28-07** **(904) 635-6305**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #