

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 27, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 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

**DO NOT WRITE IN THIS SPACE**



05082008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
59-3473460

Applied For  
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

**DO NOT WRITE  
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

*Fred Brown Jr*

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

(NOTE: Registered Agent signature required when reinstating)

5-1-08

DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000952528  
06/04/08-80085-003 70.00

**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
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	

**DO NOT WRITE  
IN THIS SPACE**

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-08

Date

(904) 635-6305

Daytime Phone #