

FILED  
May 01, 2003 8:00 am  
Secretary of State

05-01-2003 90319 025 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N97000005953

1. Entity Name  
**HOUSE OF REFUGE HOLY CHURCH OF THE LIVING  
GOD, INC.**



Principal Place of Business

**5631 COMMERCE STREET  
JACKSONVILLE, FL 32211**

Mailing Address

**5631 COMMERCE STREET  
JACKSONVILLE, FL 32211**

20037749

2. Principal Place of Business

**900 North St.**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 11925**

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**Jacksonville, FL**

City & State

**Jacksonville**

4. FEI Number

**59-3473460**

Applied For

Not Applicable

Zip

**32211**

Country

**USA**

Zip

**FL 32277**

Country

**USA**

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**

7. Name and Address of New Registered Agent

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

FILE NOW FEE IS \$61.25

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

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  
**D  
BROWN, YVONNE  
7844 ROCKY FORT TRAIL  
JACKSONVILLE, FL 32277** ☐ Delete

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LAMBERT, GREGORY  
3536 DAWSON ST  
JACKSONVILLE, FL 32209** ☒ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**Director  
Brenda Larkins  
9019 Devonshire Blvd.  
Jacksonville FL 32209**

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.

**4-27-03**

**(904) 244-6067**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)