

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001470

FILED
Mar 28, 2006
Secretary of State

Entity Name: HOUSE OF REFUGE OF ORANGE COUNTY, INC.

Current Principal Place of Business:

3522 N POWERS DR
ORLANDO, FL 32818 US

New Principal Place of Business:

Current Mailing Address:

3522 N POWERS DR
ORLANDO, FL 32818 US

New Mailing Address:

FEI Number: 59-3474750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, ANN
3522 N POWERS DR
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, ANN
Address: 8603 SNOWFIRE DR.
City-St-Zip: ORLANDO, FL 32818

Title: TR () Delete
Name: THOMPSON, CAROL
Address: 14238 FREDRICKSBURG RD, #319
City-St-Zip: ORLANDO, FL 32837

Title: T () Delete
Name: MOSES, RUTHENIA
Address: 329 JOHNSON AVE
City-St-Zip: EATONVILLE, FL 32751

Title: T () Delete
Name: THOMPSON, AMOS
Address: 8603 SNOWFIRE DR.
City-St-Zip: ORLANDO, FL 32818

Title: S () Delete
Name: WARREN, RUTHIE
Address: 2511 LAUDERDALE COURT
City-St-Zip: ORLANDO, FL 32805

Title: TR () Delete
Name: THOMPSON, ANTHONY V
Address: 14238 FREDRICKSBURG RD, #319
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN SMITH

D

03/28/2006

Electronic Signature of Signing Officer or Director

Date