

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001470

FILED
Apr 29, 2011
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
Name: SMITH, ANN
Address: 8603 SNOWFIRE DR.
City-St-Zip: ORLANDO, FL 32818

Title: TR
Name: THOMPSON, CAROL
Address: 12048 KAJETAN LN.
City-St-Zip: ORLANDO, FL 32827

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

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

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

Title: TR
Name: THOMPSON, ANTHONY V
Address: 12048 KAJETAN LN.
City-St-Zip: ORLANDO, FL 32847

I hereby 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 all other like empowered.

SIGNATURE: CAROL THOMPSON

TR

04/29/2011

Electronic Signature of Signing Officer or Director

Date