

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000002525

1. Entity Name  
HOUSE OF COMFORT AND REFUGE MINISTRIES-GOD'S  
TEMPLE FOR ALL PEOPLE, INC.



Principal Place of Business  
% P.O. BOX 2345  
HAVANA, FL 32333-2345

Mailing Address  
% P.O. BOX 2345  
HAVANA, FL 32333-2345

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-3506719

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEONARD, LIONEL  
WINDRUSH VILLAGE APARTMENTS  
APT. #78  
TALLAHASSEE, FL 32301

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

Filing Fee is \$61.25  
Due by May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C ☐ Delete  
NAME LEONARD, LIONEL  
STREET ADDRESS P.O. BOX 12181  
CITY-ST-ZIP TALLAHASSEE, FL 323172181

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

TITLE D ☐ Delete  
NAME CEASOR, SUSIE  
STREET ADDRESS P.O. BOX 499  
CITY-ST-ZIP HAVANA, FL 323330499

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

TITLE S ☐ Delete  
NAME GLENN, AUDREY  
STREET ADDRESS 407 LINCOLN AVENUE  
CITY-ST-ZIP HAVANA, FL 32333

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

TITLE D ☐ Delete  
NAME LEWIS, SOLOMON  
STREET ADDRESS 702 CAMPBELL ST  
CITY-ST-ZIP TALLAHASSEE, FL 32310

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

TITLE VC ☐ Delete  
NAME WILBORN, AL  
STREET ADDRESS 49 STAGHORN TR.  
CITY-ST-ZIP HAVANA, FL 32333

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

TITLE T ☐ Delete  
NAME LEWIS, CHARLENE  
STREET ADDRESS 702 CAMPBELL ST  
CITY-ST-ZIP TALLAHASSEE, FL 32310

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/05

Date

Daytime Phone #

FILED

05 MAR 23 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

