

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002525

FILED
Mar 29, 2006
Secretary of State

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

Current Principal Place of Business:

% P.O. BOX 2345
HAVANA, FL 323332345

New Principal Place of Business:

8 SWEET STREET
HAVANA, FL 32333

Current Mailing Address:

% P.O. BOX 2345
HAVANA, FL 323332345

New Mailing Address:

P.O. BOX 2345
HAVANA, FL 323332345

FEI Number: 59-3506719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LEONARD, LIONEL
1738 HILLSGATE COURT
TALLAHASSEE, FL 32308 US

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: LIONEL LEONARD

03/29/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: LEONARD, LIONEL
Address: P.O. BOX 12181
City-St-Zip: TALLAHASSEE, FL 323172181

Title: D () Delete
Name: CEASOR, SUSIE
Address: P.O. BOX 499
City-St-Zip: HAVANA, FL 323330499

Title: S () Delete
Name: GLENN, AUDREY
Address: 407 LINCOLN AVENUE
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: LEWIS, SOLOMON
Address: 702 CAMPBELL ST
City-St-Zip: TALLAHASSEE, FL 32310

Title: VC () Delete
Name: WILBORN, AL
Address: 49 STAGHORN TR.
City-St-Zip: HAVANA, FL 32333

Title: T () Delete
Name: LEWIS, CHARLENE
Address: 702 CAMPBELL ST
City-St-Zip: TALLAHASSEE, FL 32310

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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Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: LIONEL LEONARD

C

03/29/2006

Electronic Signature of Signing Officer or Director

Date