

2007 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
8 SWEET STREET
HAVANA, FL 32333

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

FILED
2007 MAR 19 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-3506719

Applied For

Not Applicable

Zip

Country

Zip

Country

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
1738 HILLSGATE COURT
TALLAHASSEE, FL 32308

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, 2007

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 407095890414
STREET ADDRESS 04/05/07 - 01033 018 **\$61.25
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 508 Fancee Ave
STREET ADDRESS Tallahassee Florida 32310
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 508 Fancee Ave
STREET ADDRESS Tallahassee Florida 32310
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Charlene Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 19, 2007

321-7673

Date

Daytime Phone #