

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002525

FILED  
Apr 30, 2008  
Secretary of State

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

**Current Principal Place of Business:**

8 SWEET STREET  
HAVANA, FL 32333

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2345  
HAVANA, FL 323332345

**New Mailing Address:**

**FEI Number:** 59-3506719

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEONARD, LIONEL  
1738 HILLSGATE COURT  
TALLAHASSEE, FL 32308 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: 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: 508 FAMCEE AVE  
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: 508 FAMCEE AVE  
City-St-Zip: TALLAHASSEE, FL 32310

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DC (X) Change ( ) Addition  
Name: LEONARD, LIONEL  
Address: P.O. BOX 12181  
City-St-Zip: TALLAHASSEE, FL 323172181

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

Title: DS (X) Change ( ) Addition  
Name: GLENN, AUDREY  
Address: 407 LINCOLN AVENUE  
City-St-Zip: HAVANA, FL 32333

Title: D (X) Change ( ) Addition  
Name: LEWIS, SOLOMON  
Address: 644 CAMPBELL  
City-St-Zip: TALLAHASSEE, FL 32310

Title: D (X) Change ( ) Addition  
Name: CURTIS, CEASOR  
Address: P.O. BOX 499  
City-St-Zip: HAVANA, FL 32333

Title: DT (X) Change ( ) Addition  
Name: LEWIS, CHARLENE  
Address: 644 CAMPBELL STREET  
City-St-Zip: TALLAHASSEE, FL 32310

I hereby certify that the information supplied with this filing does not qualify 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

DC

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date