

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005939

FILED  
Apr 22, 2004  
Secretary of State

**Entity Name:** THORMINC, THE HOUSE OF REFUGE MINISTRIES, INC.

**Current Principal Place of Business:**

11532 BIRCH FOREST CIRCLE, E.  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

2820 BOULEVARD  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

11532 BIRCH FOREST CIRCLE, E.  
JACKSONVILLE, FL 32218

**New Mailing Address:**

**FEI Number:** 59-3602091      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

BUSH, JACOB JR.  
11532 BIRCH FOREST CIRCLE, E.  
JACKSONVILLE, FL 32218 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: PD ( ) Delete  
Name: BUSH, JACOB  
Address: 11532 BIRCH FOREST CIR, EAST  
City-St-Zip: JACKSONVILLE, FL 32218

Title: DP ( ) Delete  
Name: HAWKINS, JANICE  
Address: 11532 BIRCH FOREST CIR E  
City-St-Zip: JACKSONVILLE, FL 32218

Title: T ( ) Delete  
Name: BLACK, LARRY SR  
Address: 5620 COLLINS RD #517  
City-St-Zip: JACKSONVILLE, FL 32244

Title: TT ( ) Delete  
Name: ROBERTS, CLESTON  
Address: 2233 W 12TH ST  
City-St-Zip: JACKSONVILLE, FL 32204

Title: VPD (X) Delete  
Name: ROBERTS, SONIA  
Address: 2233 W 12TH ST  
City-St-Zip: JACKSONVILLE, FL 32209

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

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

Title: VP (X) Change ( ) Addition  
Name: PICKETT, LARRY  
Address: 333 E. MONROE STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: SEC (X) Change ( ) Addition  
Name: WILKERSON, TYRA  
Address: 134 E. CHURCH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

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 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 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: CASSANDRA BUSH

DIR

04/22/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date