2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

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

Current Principal Place of Business:

P.O. BOX 28338
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 28338
JACKSONVILLE, FL 32226

New Mailing Address:

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

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: VP ( ) Delete
Name: COCHRAN, MICHAEL
Address: 5344 YERKES
City-St-Zip: JACKSONVILLE, FL 32205

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

Title: TT ( ) Delete
Name: LOPES, JENN
Address: 126 W ADAMS ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: BOM (X) Delete
Name: SULZBACHER, SUSAN
Address: 5467 GRAND CAYMAN RD
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: SULZBACHER, SUSAN
Address: 5467 GRAND CAYMAN RD
City-St-Zip: JACKSONVILLE, FL 32226

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

Title: TT (X) Change ( ) Addition
Name: JOHNSON, WALTER
Address: 2635 DAVIS ST
City-St-Zip: JACKSONVILLE, FL 32209

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: CASSANDRA BUSH ED 04/30/2006

Electronic Signature of Signing Officer or Director — Date