

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005939

FILED
Feb 16, 2009
Secretary of State

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

Current Principal Place of Business:

2137 N. LIBERTY STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

134 EAST CHURCH STREET
JACKSONVILLE, FL 32202 US

Current Mailing Address:

P.O. BOX 28338
JACKSONVILLE, FL 32226

New Mailing Address:

P.O. BOX 26889
JACKSONVILLE, FL 32226 US

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

Title: SEC () Delete
Name: WILKERSON, TYRA
Address: 3004 W. 9TH STREET
City-St-Zip: JACKSONVILLE, FL 32254

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TREA (X) Change () Addition
Name: WILKERSON, TYRA TREASUR
Address: 3004 W. 9TH STREET
City-St-Zip: JACKSONVILLE, FL 32254 US

Title: PRES (X) Change () Addition
Name: KELLY, THEODORE PRESIDE
Address: 1758 CESERY BLVD
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: MEM (X) Change () Addition
Name: CALDERON, JOSE MEM
Address: 6912 MISS MUFFET LANE N.
City-St-Zip: JACKSONVILLE, FL 32210 US

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: CASSANDRA BUSH

DIR

02/16/2009

Electronic Signature of Signing Officer or Director

Date