

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008416

Entity Name: HOUSE OF REFUGE COGBF, INC.**Current Principal Place of Business:**84 AVENUE B
OVIEDO, FL 32765**Current Mailing Address:**84 AVENUE B
OVIEDO, FL 32765 US**FEI Number:** 55-0877784**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DESHAZOR, ANTHONY
2728 DADE AVE
2225
ORLANDO, FL 32804 US*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:** ANTHONY DESHAZOR

05/07/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SMITH JR., ALONZO
Address 2931 ST. CLAIR ST.
City-State-Zip: KISSIMMEE FL 34746

Title VP
Name TORRES, JOE
Address 1058 W. EMBASSY DR.
City-State-Zip: DELTONA FL 32725

Title SECRETARY
Name BERRY, KAMMI
Address 587 S INDIGO RD
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name MARIMON, NANCY
Address 82 CLONTS ST
City-State-Zip: OVIEDO FL 32765

Title PRESIDENT
Name DESHAZOR, ANTHONY
Address 2728 DAVE AVE
2225
City-State-Zip: ORLANDO FL 32804

I hereby 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 all other like empowered.

SIGNATURE: KAMMI BERRY

SECRETARY

05/07/2018

Electronic Signature of Signing Officer/Director Detail

Date