

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000008396

**FILED**  
**Apr 11, 2023**  
**Secretary of State**  
**4947658101CC**

**Entity Name:** ABRAHAM DAUGHTERS HOUSE OF REFUGE & FOOD PANTRY, INC.

**Current Principal Place of Business:**

4845 BELLETERR. PKWY.  
N/A SUITE C-40  
PALM COAST, FL 32164-0819

**Current Mailing Address:**

PO BOX 730194  
ORMOND BEACH, FL 32173

**FEI Number: 51-0527479**

**Certificate of Status Desired: Yes**

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

MAITLAND & ASSOCIATES INC.  
1 FLORIDA PARK DRIVE S  
SUITE 214  
PALM COAST, FL 32137 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: KINGSLEY MAITLAND**

**04/11/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WHITE, INETA J.  
Address 300 MADISON GREEN CIRCLE  
APT#301  
City-State-Zip: PALM COAST FL 32164

Title D  
Name WHITE, VIVIAN D  
Address 224 GRAND PRESERVE WAY  
City-State-Zip: DAYTONA BEACH FL 32114

Title V  
Name WHITE, ANTHONY TYRISE  
Address 1546 DAVENPORT DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34655

Title T  
Name TERRY, MURIAN  
Address PO BOX 730194  
City-State-Zip: ORMOND BEACH FL 32173

Title D  
Name DOCKERY, JANET M  
Address 61 POINT OF WOOD DRIVE  
City-State-Zip: PALM COAST FL 32164

Title S  
Name BAPTISTE, DEBRA A  
Address 1030 THUNDERBIRD DR  
City-State-Zip: DAYTONA BEACH FL 32117

Title MARKETING EXECUTIVE DIRECTOR  
Name WHITE, JONATHAN S.  
Address PO BOX 730194  
City-State-Zip: ORMOND BEACH FL 32173

Title DATA ENTRY/ RECORDER  
Name ANDERSON, LAKIESHA NICHOLE  
Address PO BOX 730194  
City-State-Zip: ORMOND BEACH FL 32173

*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: INETA J.WHITE**

**DIRECTOR**

**04/11/2023**

Electronic Signature of Signing Officer/Director Detail

Date