

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215502175

1.) CORPORATION NAME:

House of Refuge for Healing, Deliverance and Restoration

DUE DATE: **1/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BRUCE W ARTIS
400 NORTH MAIN ST
PO BOX 406**

SCC ID NO: **07040231**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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EMPORIA, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

EMPORIA CITY (FILED IN GREENSVILLE COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 406
400 NORTH MAIN ST.

CITY/ST/ZIP: EMPORIA, VA 23847

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	MURIEL ARTIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	5017 HICKS FORD RD		
CITY/ST/ZIP/CO:	EMPORIA, VA 23847		

NAME:	BRUCE W ARTIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5017 HICKS FORD RD		
CITY/ST/ZIP/CO:	EMPORIA, VA 23847		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MURIEL ARTIS	MURIEL ARTIS, OFFICER	1/11/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.