

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	214554923
1.) CORPORATION NAME: <b>Healing Place of Refuge Ministries Inc.</b>		DUE DATE: <b>10/31/2014</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CATHY PORTER 1601 ELLSBERG CT VIRGINIA BEACH, VA</b>		SCC ID NO: <b>07704083</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>VIRGINIA BEACH CITY</b>		5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>		
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 1601 Ellsberg Ct  CITY/ST/ZIP: Va Beach, VA 23464		
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: CATHY PORTER TITLE: DIRECTOR ADDRESS: 1601 ELLSBERG CT CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23464	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TREMONT PORTER TITLE: DIRECTOR ADDRESS: 1601 ELLSBERG CT CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23464	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DENISE SIMPSON TITLE: DIRECTOR ADDRESS: 1428 REGENT ST CITY/ST/ZIP/CO: ANAPOLIS, MD 21403	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ DENISE SIMPSON	DENISE SIMPSON, DIRECTOR	1/4/2015
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.		