

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 20, 2009  
Secretary of State**

DOCUMENT# N99000000061

Entity Name: RAPHA CHRISTIAN MINISTRIES, INC.

**Current Principal Place of Business:**

19612 WYNDHAM LAKES DRIVE  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 579  
ODESSA, FL 33556

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired (X)

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

FLORIDA INCORPORATORS, INC.  
1221 BRICKELL AVE  
SUITE 900  
MIAMI, FL 33131 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:                      D                      ( ) Delete  
Name:                      MATTHEWS, KEVIN J  
Address:                      19612 WYNDHAM LAKES DRIVE  
City-St-Zip:                      ODESSA, FL 33556

Title:                      D                      ( ) Delete  
Name:                      MATTHEWS, LORNA J  
Address:                      19612 WYNDHAM LAKES DRIVE  
City-St-Zip:                      ODESSA, FL 33556

Title:                      D                      ( ) Delete  
Name:                      CONDON, ROBERT  
Address:                      893 OSTERVILLE WEST BARNSTABLE ROAD,  
City-St-Zip:                      MARSTONS MILLS, MA 02648

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: KEVIN J MATTHEWS

D

01/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date