

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008140

**FILED  
Mar 19, 2017  
Secretary of State  
CC6917285634**

**Entity Name:** JEHOVAH RAPHA WORSHIP CENTER INC.

**Current Principal Place of Business:**

7769 PEPPER CIR W  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

PO BOX 441122  
JACKSONVILLE, FL 32244 US

**FEI Number: 74-3144316**

**Certificate of Status Desired: No**

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

PHILPOT, LARRY L  
7769 PEPPER CIRCLE WEST  
JACKSONVILLE, FL 32244 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name PHILPOT, LARRY L  
Address 7769 PEPPER CIRCLE WEST  
City-State-Zip: JACKSONVILLE FL 32244

Title V  
Name PHILPOT, SHARMAN L  
Address 7769 PEPPER CIRCLE WEST  
City-State-Zip: JACKSONVILLE FL 32244

Title ST  
Name BROWN, MARIA  
Address 4051 SPRING GLEN RD  
City-State-Zip: JACKSONVILLE FL 32207

*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: LARRY L. PHILPOT**

**PRESIDENT**

**03/19/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date