


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 711487</b> 1. Entity Name <b>ST. RAPHAEL'S CHURCH</b>	
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Principal Place of Business <b>5601 WILLIAMS DRIVE FT. MYERS BEACH FL 33931</b>	Mailing Address <b>5601 WILLIAMS DRIVE FT. MYERS BEACH FL 33931</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-1423513</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PALMER, REV. RICHARD 4753 ESTERO BLVD. #303B FT. MYERS BEACH FL 33931</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1"> <tr> <td>VD SMITH, ROXANA 21521 MADERA ROAD FT MYERS BEACH FL 33931</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>VD HAATAJA, JUDY 400 BAYLAND FT. MYERS BEACH FL 33931</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>VD MCINTOSH, DEAN 3045 ESTERO BLVD., #4 FORT MYERS BEACH FL 33931</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>PD PALMER, REV. RICHARD 4753 ESTERO BLVD., #303B FORT MYERS BEACH FL 33931</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TD BABCOCK, PAULA 320 RANDY LANE FORT MYERS BEACH FL 33931</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>SD GOODACRE, BETTY 874 OAK ST. FORT MYERS BEACH FL 33931</td> <td><input type="checkbox"/> Delete</td> </tr> </table>	VD SMITH, ROXANA 21521 MADERA ROAD FT MYERS BEACH FL 33931	<input type="checkbox"/> Delete	VD HAATAJA, JUDY 400 BAYLAND FT. MYERS BEACH FL 33931	<input type="checkbox"/> Delete	VD MCINTOSH, DEAN 3045 ESTERO BLVD., #4 FORT MYERS BEACH FL 33931	<input type="checkbox"/> Delete	PD PALMER, REV. RICHARD 4753 ESTERO BLVD., #303B FORT MYERS BEACH FL 33931	<input type="checkbox"/> Delete	TD BABCOCK, PAULA 320 RANDY LANE FORT MYERS BEACH FL 33931	<input type="checkbox"/> Delete	SD GOODACRE, BETTY 874 OAK ST. FORT MYERS BEACH FL 33931	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1"> <tr> <td>U000000211648 02/02/05-80127-011 61.25</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> </table>	U000000211648 02/02/05-80127-011 61.25	<input type="checkbox"/> Change <input type="checkbox"/> Add		<input type="checkbox"/> Change <input type="checkbox"/> Add		<input type="checkbox"/> Change <input type="checkbox"/> Add		<input type="checkbox"/> Change <input type="checkbox"/> Add		<input type="checkbox"/> Change <input type="checkbox"/> Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roxanna L. Smith SENIOR WARDEN 1-29-05 239-465-2191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #