


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90466 050 ****61.25

| | | | | | |
|---|--|---|---------|---|--|
| DOCUMENT # 711487 1. Entity Name ST. RAPHAEL'S CHURCH | | | |  | |
| Principal Place of Business 5601 WILLIAMS DRIVE FT. MYERS BEACH FL 33931 | | | | Mailing Address 5601 WILLIAMS DRIVE FT. MYERS BEACH FL 33931 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1423513 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| PALMER, REV. RICHARD 4753 ESTERO BLVD. #303B FT. MYERS BEACH FL 33931 | | | | Name MARCRUM, REV. ALICE Street Address (P.O. Box Number is Not Acceptable) 5601 WILLIAMS DR. FT. MYERS BEACH, City FL Zip Code 33931 | |
| 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 <i>The Rev. Alice Marcrum</i> <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | DATE 4-11-2006 <small>(NOTE: Registered Agent signature required when reconstituting)</small> | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SMITH, ROXANA 21521 MADERA ROAD FT MYERS BEACH FL 33931 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD AD BASSETT 118 MANDALAY FT. MYERS BEACH, FL 33931 |
| | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HAATAJA, JUDY 400 BAYLAND FT. MYERS BEACH FL 33931 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | BONNIE BEALLIED 5252 WILLIAMS DR FT MYERS BEACH, FL. 33931 |
| | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MCINTOSH, DEAN 3045 ESTERO BLVD., #4 FORT MYERS BEACH FL 33931 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ROBERT BUNTING 21681 INDIAN BAYOU FT MYERS BEACH, FL. 33931 |
| | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PALMER, REV. RICHARD 4753 ESTERO BLVD., #303B FORT MYERS BEACH FL 33931 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PHILLIP BABCOCK 320 RANDY LANE FT MYERS BEACH, FL 33931 |
| | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BABCOCK, PAULA 320 RANDY LANE FORT MYERS BEACH FL 33931 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ELLIE BUNTING 21681 INDIAN BAYOU FT. MYERS BEACH, FL. 33931 |
| | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GOODACRE, BETTY 874 OAK ST. FORT MYERS BEACH FL 33931 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Raymond Smith - Sr. Minister*