


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2008 8:00 am
Secretary of State

07-31-2008 90043 032 ****70.00

DOCUMENT # 711487 1. Entity Name ST. RAPHAEL'S CHURCH	
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Principal Place of Business 5601 WILLIAMS DRIVE FT. MYERS BEACH, FL 33931	Mailing Address 5601 WILLIAMS DRIVE FT. MYERS BEACH, FL 33931
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DO NOT WRITE IN THIS SPACE



07072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1423513	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MARCRUM, REV. ALICE
5601 WILLIAMSDR.
FT. MYERS BEACH, FL 33931**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDSW SMITH, ROXIE 21521 MADERA RD. FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARCOCK, PAULA 320 RANDY LANE FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDC BUNTING, ELLIE 21881 INDIAN BAYOU DR. FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOODACRE, BETTY 874 OAK ST. FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Strum, Susan 5209 Cedarbend Dr. #4 Fort Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDC Nakaya, Morey 160 Coconut Drive Fort Myers Beach, FL 33919

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Roxie Smith-Senior Warden 7/27/08 239-463-6057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROXIE SMITH-SENIOR WARDEN