2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711487

Entity Name: ST. RAPHAEL'S CHURCH

Apr 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5601 WILLIAMS DRIVE

FT. MYERS BEACH, FL 33931

Current Mailing Address:

New Mailing Address:

5601 WILLIAMS DRIVE

FT. MYERS BEACH, FL 33931

FEI Number: 59-1423513 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MARCRUM, REV. ALICE 5601 WILLIÁMSDR.

FT. MYERS BEACH, FL 33931 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VDSW () Delete (X) Change () Addition SMITH, ROXIE SMITH, ROXIE Name: Name:

21521 MADERA RD. Address: 21521 MADERA RD. Address:

City-St-Zip: FORT MYERS BEACH, FL 33931 City-St-Zip: FORT MYERS BEACH, FL 33931

Title: SD () Delete Title: () Change () Addition

Name: GOODACRE, BETTY Name: Address: 874 OAK ST. Address: City-St-Zip: FORT MYERS BEACH, FL 33931 City-St-Zip:

Title: () Delete Title: VDSW (X) Change () Addition

STRUM, SUSAN BASSETT, AJ Name: Name: 5209 CCEDARBEND DR. #4 Address: Address: 118 MANDALAY RD

City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FT MYERS BEACH, FL 33931

Title: **VDC** (X) Delete Title: () Change () Addition

Name: NAKAYA, MOREY Name: 160 COCONUT DRIVE Address: Address: City-St-Zip: FORT MYERS, FL 33919 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: ROXIE SMITH Т 04/23/2009