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FILED

Mar 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **743647** (0)

1. Corporation Name

RAPHA CHURCH, A HEALING PLACE, INC.

Principal Place of Business

Mailing Address

14563 OKEECHOBEE RD
LOXAHATCHEE FL 3347014563 OKEECHOBEE RD
LOXAHATCHEE FL 33470-48263. Date Incorporated or Qualified
07/19/19783a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 **105 MEADOW WOODS DRIVE**
Suite, Apt. #, etc.26 **P.O. BOX 211554**
Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Royal Palm Beach, FL**28 **West Palm Beach, FL**24 **33411**
Zip25 **USA**
Country29 **33421**
Zip30 **USA**
Country5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HINSON, JOEY
14563 OKEECHOBEE BLVD.
LOXAHATCHEE FL 33470

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **105 MEADOW WOODS DRIVE**

84

City **Royal Palm Beach FL**85 Zip Code
33411

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Joey Hinson

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETENAME **PD**
HINSON, JOEY
STREET ADDRESS **14563 OKEECHOBEE BLVD.**
CITY - ST - ZIP **LOXAHATCHEE FL**TITLE ☐ DELETENAME **VD**
HINSON, DONNA
STREET ADDRESS **14563 OKEECHOBEE BLVD.**
CITY - ST - ZIP **LOXAHATCHEE FL**TITLE ☐ DELETENAME **STD**
ORTON, JOANIE
STREET ADDRESS **12139 58TH PLACE NO.**
CITY - ST - ZIP **ROYAL PALM BCH. FL**TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joey Hinson **JOEY HINSON** 3/25/97 561-753-5299

Date

Daytime Phone # 0044419

CR2E037 (9/96)