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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT #**

743647

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FILED Mar 31 1997 8:00am Secretary of State

1. Corporation Name RAPHA CHURCH, A HEALING PLAGE Principal Place of Business 4563 OKEECHOBEE RD OXAHATCHEE FL 33470	Mailing Address 14563 OKEECHOBEE RD LOXAHATCHEE FL 33470-44	126			
CONTRACTOR STATE	ECHNINICALE TE QUITO II		3. Date Incorporated or Qualified 07/19/1978	3a. Date of Last 05/01/1	
2. Principal Place of Business	2a. Mailing Address	24554	4. FEI Number		Applied For
1 105 MEADOW WOOL Drive Suite Apt. #. etc.	26 P. O. Box . Suite, Apt. #, etc.	X/1337	65-0094261	£0.70	Not Applicable Additional
2	27		5. Certificate of Status Desired	7 - 7	Required
City & State Rollin Beach, H	City & State 28 West Palm	Beach, H	Election Campaign Financing Trust Fund Contribution		May Be
21p 3 3 4 1/ 25 USA	Zip ~2/(2/	Country USA	8. This corporation has liability for	 	
9. Name and Address of Current			10. Name and Address of New R		
LOXAHATCHEE FL 33470 11. Pursuant to the provisions of Sections 617.0502 office or registered agont, or both, in the State of the	e and 617.1508, Florida Statute of Florida Such change was a	83 84 City R	ond PAIN Beach	purpose of changing	p Code
The state of the s		uthorized by the corpo	eration's board of directors. I hereby acce	ent the appointment :	as registered
SIGNATURE Joen			oration's board of directors. I hereby acce		as registered
SIGNATURE Signature, typed or pure in name of registered ager	at and title if applicable. (NOTE	Registered Agent signature re	equired when reinstating)	DATE	as registered
SIGNATURE Joen	at and title if applicable. (NOTE			DATE	as registered ORS IN 12
SIGNATURE Signature, typed occurrent name of registered ager 12. OF FICERS AND INTEL PD HINSON, JOEY	of and title if applicable. (NOTE	Registered Agent signature re 13. 1.1 TITLE	equired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTO Chang	ORS IN 12
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I have the same information supplied with this annual report or supplied each to quality for the exemption stated in section 119.07(3)(), Florida Statutes. Turner 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 en an attachment with an address.