

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004271

FILED
Jan 17, 2005
Secretary of State

Entity Name: RAPHA MINISTRIES OF MARTIN COUNTY, INC.

Current Principal Place of Business:

6350 S.E. LAKE CIRCLE DR.
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

6350 S.E. LAKE CIRCLE DR.
STUART, FL 34997

New Mailing Address:

FEI Number: 65-1021817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEAL, TODDIE M
6350 S.E. LAKE CIRCLE DR.
STUART, FL 34997 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: NEAL, TODDIE M
Address: 6350 S.E. LAKE CIRCLE DR.
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: NEAL, ROBERT G
Address: 6350 S.E. LAKE CIRCLE DR.
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: GRAHAM, MERRIE L
Address: 6350 S.E. LAKE CIRCLE DR.
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: JOHNSON, HOSEY L REV.
Address: ANN ARBOR ROAD
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D () Delete
Name: HOUTEN, BRENDA V
Address: 24300 NE 152 LANE
City-St-Zip: SALT SPRINGS, FL 32134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TODDIE M. NEAL

D

01/17/2005

Electronic Signature of Signing Officer or Director

Date