2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001285

Name:

Address:

City-St-Zip:

Entity Names CAINT DADLIAGE MINISTRICS

FILED Apr 27, 2005 Secretary of State

Entity Na	me: SAINT F	RAPHAEL MINISTRII	ES, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
	LIN WOODS D, FL 32812	DR					
Current Mailing Address:				New Mailing Address:			
	LIN WOODS D, FL 32812	DR					
FEI Number	: 03-0381428	FEI Number Applie	d For()	FEI Number Not Appl	icable ()	Certificate of Status Desired	d ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ORLANDO The above	LIN WOODS D, FL 32812	US	ent for the pur	pose of changing i	ts registere	ed office or registered agent, o	or both,
SIGNATUI	RE:						
	Electro	onic Signature of Reg	gistered Agent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D (KHAN, CHRIS 3736 GATLIN ORLANDO, FI	WOODS DR		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (KHAN, FRANC 3736 GATLIN ORLANDO, FI	WOODS DR		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (KHAN, IAN 3736 GATLIN ORLANDO, FI			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S,T (KHAN, CHRIS 3736 GATLIN ORLANDO, FI	WOODS DR		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	() Delete		Title:	P	() Change (X) Addition	

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.

Name:

Address:

City-St-Zip:

KHAN, CHRISTINE 3736 GATLIN WOODS DR

ORLANDO, FL 32812

SIGNATURE: CHRISTINE KHAN S 04/27/2005