

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 26, 2005
Secretary of State

DOCUMENT# N02000001285

Entity Name: SAINT RAPHAEL MINISTRIES, INC.**Current Principal Place of Business:**3736 GATLIN WOODS DR
ORLANDO, FL 32812**New Principal Place of Business:****Current Mailing Address:**3736 GATLIN WOODS DR
ORLANDO, FL 32812**New Mailing Address:****FEI Number:** 03-0381428**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KHAN, CHRISTINE
3736 GATLIN WOODS DR
ORLANDO, FL 32812 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: KHAN, CHRISTINE I
Address: 3736 GATLIN WOODS DR
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: KHAN, FRANCIS
Address: 3736 GATLIN WOODS DR
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: KHAN, IAN
Address: 3736 GATLIN WOODS DR
City-St-Zip: ORLANDO, FL 32812

Title: S,T () Delete
Name: KHAN, CHRISTINE
Address: 3736 GATLIN WOODS DR
City-St-Zip: ORLANDO, FL 32812

Title: P () Delete
Name: KHAN, CHRISTINE
Address: 3736 GATLIN WOODS DR
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: ACKERMAN, DUANE
Address: 3736 GATLIN WOODS DR
City-St-Zip: ORLANDO, FL 32812

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: CHRISTINE KHAN

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10/26/2005

Electronic Signature of Signing Officer or Director_____
Date