2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001285

Entity Name: SAINT RAPHAEL MINISTRIES, INC.

FILED Apr 11, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3736 GATLIN WOODS DR ORLANDO, FL 32812 **Current Mailing Address: New Mailing Address:** 3736 GATLIN WOODS DR ORLANDO, FL 32812 FEI Number: 03-0381428 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KHAN, CHRISTINE 3736 GATLIN WOODS DR ORLANDO, FL 32812 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KHAN, CHRISTINE I Name: Name: 3736 GATLIN WOODS DR Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: Title: () Delete Title: (X) Change () Addition ACKERMAN, DUANE Name: KHAN, FRANCIS R Name: Address: 3736 GATLIN WOODS DR Address: 3736 GATLIN WOODS DR City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32812 () Delete Title: Title: (X) Change () Addition KHAN, IAN LOCHEAD, LOUIS Name: Name: 3736 GATLIN WOODS DR 3736 GATLIN WOODS DR Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32812 Title: S,T () Delete Title: S,T (X) Change () Addition Name: KHAN, CHRISTINE Name: KHAN, CHRISTINE I 3736 GATLIN WOODS DR 3736 GATLIN WOODS DR Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32812 Title: () Delete Title: (X) Change () Addition KHAN, CHRISTINE KHAN, FRANCIS Name: Name: 3736 GATLIN WOODS DR 3736 GATLIN WOODS DR Address: Address: ORLANDO, FL 32812 ORLANDO, FL 32812 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 S 04/11/2006