## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000001285

Title:

Name:

Address:

City-St-Zip:

FILED Jul 14, 2007 Secretary of State

Entity Name: SAINT RAPHAEL MINISTRIES, INC. **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 ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 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: (X) Delete () Change () Addition KHAN, CHRISTINE I Name: Name: Address: 3736 GATLIN WOODS DR Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: Title: () Delete Title: () Change () Addition KHAN, FRANCIS R Name: Name: Address: 3736 GATLIN WOODS DR Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: Title: (X) Delete Title: () Change () Addition LOCHEAD, LOUIS Name: Name: 3736 GATLIN WOODS DR Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: Title: S,T (X) Delete Title: () Change () Addition Name: KHAN, CHRISTINE I Name: 3736 GATLIN WOODS DR Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: FRANCIS KHAN 07/14/2007

() Delete

KHAN, FRANCIS

3736 GATLIN WOODS DR

ORLANDO, FL 32812

() Change () Addition