

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90122 033 ****61.50

DOCUMENT # N03000007837

1. Entity Name
RAVEN'S PLACE, INC.



Principal Place of Business
7324 WILLOW SPRINGS CIRCLE
LANTANA, FL 33462

Mailing Address
7324 WILLOW SPRINGS CIRCLE
LANTANA, FL 33462

50051418



2. Principal Place of Business

3. Mailing Address

7324 Willow Spgs Cir W
Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292005 Chg-NP CR2E037 (10/03)

City & State

Boynton Beach

City & State

FLA

4. FEI Number
52-2405851

Applied For
Not Applicable

Zip

33436

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSEY, SHIRLEY A
7324 WILLOW SPRINGS CIRCLE WEST
LANTANA, FL 33436

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

X Shirley Josey

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME JOSEY, SHIRLEY A
STREET ADDRESS 7324 WILLOW SPRINGS CIRCLE WEST
CITY-ST-ZIP LANTANA, FL 33462 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME ROLLE, PENNY A
STREET ADDRESS 7324 WILLOW SPRINGS CIRCLE WEST
CITY-ST-ZIP LANTANA, FL 33462 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME ROLLE, WARREN J
STREET ADDRESS 7324 WILLOW SPRINGS CIRCLE WEST
CITY-ST-ZIP LANTANA, FL 33462 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

X Shirley Josey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-05