## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 06, 2006 08:00 AM DOCUMENT # N03000007837 **Secretary of State** 1. Entity Name RAVEN'S PLACE, INC. Principal Place of Business Mailing Address 7324 WILLOW SPRINGS CIRCLE W. 7324 WILLOW SPRINGS CIRCLE W. BOYNTON BEACH FL 33436 **BOYNTON BEACH FL 33436** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 52-2405851 Not Applicat-Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOSEY, SHIRLEY A Street Address (P.O. Box Number is Not Acceptable) 7324 WILLOW SPRINGS CIRCLE WEST LANTANA FL 33436 Zip Code City 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 Signature, typed or presed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE معافي مجيدات بأنواء مجابيتها Carried Street Street Street FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Florida Department of State Trust Fund Contribution Due By May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change 777 L F ☐ Oclete HILE ☐ Addition U000004553**90** JOSEY, SHIRLEY A NAME 03/15/06 80057-001 61.25 7324 WILLOW SPRINGS CIRCLE WEST STREET ADDRESS STREET ADDRESS LANTANA FL 33462 C(TY-S1-7/P) CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change noifibbA 🔲 ROLLE, PENNY A NAME NAME 7324 WILLOW SPRINGS CIRCLE WEST STREET ADDRESS STREET AUDRESS LANTANA FL 33462 CTTY - ST - ZIP CHY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME ROLLE, WARREN J 7324 WILLOW SPRINGS CIRCLE WEST STREET ADDRESS STREET ADDRESS LANTANA FL 33462 DITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

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