


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000010166
 1. Entity Name
 THE RAFMAN CLUB FOUNDATION INC



Principal Place of Business
 P.O. BOX 555883
 ORLANDO, FL 32855

Mailing Address
 P.O. BOX 555883
 ORLANDO, FL 32855



01282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 56-2413960

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JORDAN, GEORGE D
 2423 CARIBBEAN CT.
 ORLANDO, FL 32805

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	JORDAN, GEORGE D
STREET ADDRESS	2423 CARIBBEAN COURT
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	DP
NAME	JARVIS, ARTHUR
STREET ADDRESS	1922 FOXBORO DRIVE
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	DS
NAME	WILLIAMS, BILLY E
STREET ADDRESS	1109 MISSION RIDGE COURT
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	T
NAME	HALL, DWIGHT
STREET ADDRESS	1512 GANT'S CIR
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: George D. Jordan George D. Jordan 02/17/05 407-841-8378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #