


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



02162006 No Chg-NP CR2E037 (11/05)

4. FEJ Number 56-2413960	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

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

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 04/27/06-80096-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* 04/08/06 407-841-8378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #