

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009421

FILED
Feb 25, 2008
Secretary of State

Entity Name: RAAH FINANCIAL MINISTRIES, INC.

Current Principal Place of Business:

9155 SE 171ST ARGYLE ST.
THE VILLAGES, FL 321621811

New Principal Place of Business:

2446 TRAILWOOD DRIVE
CANTONMENT, FL 325336719

Current Mailing Address:

9155 SE 171ST ARGYLE ST.
THE VILLAGES, FL 321621811

New Mailing Address:

2446 TRAILWOOD DRIVE
CANTONMENT, FL 325336719

FEI Number: 26-0095616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, RON B
9155 SE171ST ARGYLE STREET
THE VILLAGES, FL 32162 US

Name and Address of New Registered Agent:

JONES, RON B
2446 TRAILWOOD DRIVE
CANTONMENT, FL 325336719 US

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:

02/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, RON B
Address: 9155 SE171ST ARGYLE STREET
City-St-Zip: THE VILLAGES, FL 321621811

Title: SD () Delete
Name: JONES, ANGIE J
Address: 9155 SE171ST ARGYLE STREET
City-St-Zip: THE VILLAGES, FL 321621811

Title: TD () Delete
Name: WORRELL, RANDY K
Address: 4447 WEEEMS ROAD
City-St-Zip: COLUMBUS, GA 31909

Title: VD () Delete
Name: LOWE, JERRY W
Address: 1842 WHITE CEDAR DRIVE
City-St-Zip: GASTONIA, NC 28056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JONES, RON B
Address: 2446 TRAILWOOD DRIVE
City-St-Zip: CANTONMENT, FL 325336719

Title: SD (X) Change () Addition
Name: JONES, ANGIE J
Address: 2446 TRAILWOOD DRIVE
City-St-Zip: CANTONMENT, FL 325336719

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: RON B. JONES

PD

02/25/2008

Electronic Signature of Signing Officer or Director

Date