
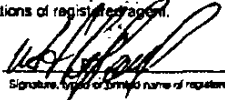
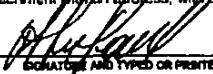


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

04-24-2006 90427 025 ****61.02
 05-30-2006 90039 030 *****23

DOCUMENT # N05000009186			
1. Entity Name EVANGELICAL RAPHA CHURCH MINISTRIES INTERNATIONAL, INC.			
Principal Place of Business 1220 NE 200 TERR MIAMI, FL 33179		Mailing Address 1220 NE 200 TERR MIAMI, FL 33179	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		1220 NE 200th Ter Suite, Apt. #, etc.	
City & State		MIAMI FLA	
Zip		33179	
Country		Country	
		4. FEI Number 30-033-4096	
		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		7. Name and Address of New Registered Agent	
PAL, WILNER J 1220 NE 200 TERR MIAMI, FL 33179		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 		DATE 04/18/06	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	
NAME	PAUL, WILNER J		
STREET ADDRESS	1220 NE 200 TERR		
CITY - ST - ZIP	MIAMI, FL 33179		
TITLE	D	<input type="checkbox"/> Delete	
NAME	PAUL, SYLFIDA J		
STREET ADDRESS	1220 NE 200 TERR		
CITY - ST - ZIP	MIAMI, FL 33179		
TITLE	D	<input type="checkbox"/> Delete	
NAME	PAUL, RIQUET J		
STREET ADDRESS	810 NE 78TH STREET N		
CITY - ST - ZIP	MIAMI BEACH, FL 33182		
TITLE	D	<input type="checkbox"/> Delete	
NAME	SHERTY SAINT LOUIS		
STREET ADDRESS	7838 NW 194th Street		
CITY - ST - ZIP	MIAMI LAKE FLA 33015		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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: 		DATE 04/18/06	
Signature and typed or printed name of signing officer or director		Date	



04142006 Chg-NP CR2E037 (11/05)