

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007213

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** RAPHA FAMILY SERVICES, INC.

**Current Principal Place of Business:**

1501 NW 47TH AVE  
SUITE B  
LAUDERHILL, FL 33313

**New Principal Place of Business:**

14039 NW 17 AVE  
MIAMI, FL 33167

**Current Mailing Address:**

2010 NW 193 TERRACE  
MIAMI, FL 33056

**New Mailing Address:**

**FEI Number:** 26-0608235      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BROWN, ANNEZE B  
2010 NW 193 TERRACE  
MIAMI, FL 33056      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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: BROWN, ANNEZE B  
Address: 2010 NW 193 TERRACE  
City-St-Zip: MIAMI, FL 33056

Title: S      ( ) Delete  
Name: HODGE-JABOIN, ALTHEA  
Address: 19255 NE 10TH AVE #121  
City-St-Zip: MIAMI, FL 33083

Title: C      ( ) Delete  
Name: LAMARQUE, WANDHA  
Address: 7206 NW 76 STREET  
City-St-Zip: TAMARAC, FL 33321

Title: T      ( ) Delete  
Name: SPENCER, RICARRDO  
Address: 4055 NW 183RD TER  
City-St-Zip: MIAMI, FL 33056

Title: M      ( ) Delete  
Name: BROWN, KEVIN  
Address: 2010 NW 193RD TER  
City-St-Zip: MIAMI, FL 33056

Title: M      (X) Delete  
Name: JAMES, SHANEL  
Address: 879 NE 214TH LANE #1  
City-St-Zip: MIAMI, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: ANNEZE BROWN

P

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date