

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006830

FILED
Apr 28, 2009
Secretary of State

Entity Name: YAHWEH RAPHA MINISTRIES, INC.

Current Principal Place of Business:

4455 WILLA CREEK DR
APT. 215
WINTER SPRINGS, FL 32708

New Principal Place of Business:

530 DUNOON STREET
OCOEE, FL 34761

Current Mailing Address:

4455 WILLA CREEK DR
APT. 215
WINTER SPRINGS, FL 32708

New Mailing Address:

P O BOX 783021
WINTER GARDEN, FL 34778

FEI Number: 26-2962620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OHIOAMAH, SAMUEL A
4455 WILLA CREEK DR
APT 215
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

OHIOAMAH, SAMUEL A
530 DUNOON STREET
OCOEE, FL 34761 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:

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OHIOAMAH, SAMUEL A
Address: 4455 WILLA CREEK DR, APT. 215
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD () Delete
Name: BOSSE, PAMELA S
Address: 4455 WILLA CREEK DR, APT. 215
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: UGBOMOIKO, JOHN O
Address: 30 FAIRLANE DR
City-St-Zip: NEW BRITAIN, CT 06053

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OHIOAMAH, SAMUEL A
Address: 530 DUNOON STREET
City-St-Zip: OCOEE, FL 34761

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: SAMUEL A. OHIOAMAH

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date