2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2002 8:00 AM
Secretary of State

DOCUMENT# N95000004256

Entity Name: THE RAPHAEL FOUNDATION, INC.

Current Principal Place of Business:

5225 N HIMES AVE
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

5225 N HIMES AVE
TAMPA, FL 33614 US

New Mailing Address:

FEI Number: 31-1470725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURRAY, POLAIRE D
5225 N HIMES AVENUE
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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:	D	( ) Delete
Name:	MURRAY, POLAIRE	
Address:	5225 N HIMES AVE	
City-St-Zip:	TAMPA, FL 33614	
Title:	D	( ) Delete
Name:	HIGGINS, LAURENCE E	
Address:	5225 N HIMES AVE	
City-St-Zip:	TAMPA, FL 33614	
Title:	VP	( ) Delete
Name:	RESNICK, DEBORAH	
Address:	4407 CHARLESTON COURT	
City-St-Zip:	TAMPA, FL 33609	
Title:	D	(X) Delete
Name:	CAMPBELL, CRAIG	
Address:	4035 N RIVERVIEW	
City-St-Zip:	TAMPA, FL 48	
Title:	D	( ) Delete
Name:	CAMPBELL, SYLVIA	
Address:	217 S MATANZAS AV	
City-St-Zip:	TAMPA, FL 33609	
Title:	P	( ) Delete
Name:	GILL, WILLIAM J	
Address:	1201 FLORASELLA DR AVILA	
City-St-Zip:	TAMPA, FL 33613	

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 for the exemption stated in Section 119.07(3)(i), 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: POLAIRE MURRAY D 05/11/2002
Electronic Signature of Signing Officer or Director — Date