2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State
03-12-2004 90013 018 ****61.25

DOCUMENT # N95000004256

1. Entity Name
THE RAPHAEL FOUNDATION, INC.

Principal Place of Business	Mailing Address
5225 N HIMES AVE TAMPA FL 33614 US	5225 N HIMES AVE TAMPA FL 33614 US

J40017633

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
4603 WISHART BL.	4603 WISHART BL.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33603 Country: US.	Zip: 33603 Country: US

4. FEI Number 31-1470725 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MURRAY, POLAIRE D 5225 N HIMES AVENUE TAMPA FL 33614	Name: MURRAY POLAIRE D Street Address (P.O. Box Number is Not Acceptable): 6405 RIVER BL TAMPA, FL 33604 City: TAMPA, FL FL Zip Code: 33604

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: Polaire Murray POLAIRE D. MURRAY S/D 3/08/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW. FEE IS $61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	SECRETARY/D	☒ Change ☐ Addition
NAME	MURRAY, POLAIRE	MURRAY, POLAIRE D	
STREET ADDRESS	5225 N HIMES AVE	6405 RIVER BL	
CITY-ST-ZIP	TAMPA FL 33614	TAMPA, FL 33604	
TITLE	D	CHAIRMAN	☐ Change ☒ Addition
NAME	HIGGINS, LAURENCE E	CURCI, FRAN	
STREET ADDRESS	5225 N HIMES AVE	14707 CROYDON PL	
CITY-ST-ZIP	TAMPA FL 33614	TAMPA, FL 33618	
TITLE	VP	VICE CHAIRMAN	☒ Change ☐ Addition
NAME	RESNICK, DEBORAH	RESNICK, DEBORAH	
STREET ADDRESS	4407 CHARLESTON COURT	4407 CHARLESTON CT.	
CITY-ST-ZIP	TAMPA FL 33609	TAMPA, FL 33609	
TITLE	D		☐ Change ☐ Addition
NAME	CAMPBELL, SYLVIA		
STREET ADDRESS	217 S MATANZAS AV		
CITY-ST-ZIP	TAMPA FL 33609		
TITLE	P	DIRECTOR	☒ Change ☐ Addition
NAME	GILL, WILLIAM J	GILL, WILLIAM J.	
STREET ADDRESS	1201 FLORASELLA DR AVILA	1201 FLORASELLA DR AVILA	
CITY-ST-ZIP	TAMPA FL 33613	TAMPA, FL 33613	
TITLE		TREASURER	☐ Change ☒ Addition
NAME		ALVAREZ, MANUEL	
STREET ADDRESS		4603 WISHART BL	
CITY-ST-ZIP		TAMPA, FL 33603	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Polaire Murray POLAIRE D. MURRAY S/D 3/8/04 813.875.4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #