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

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1. Entity Name

THE RAPHAEL FOUNDATION, INC.

J4U17033

MOORE CR2E037 (11/03)

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

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

MURRAY, POLAIRE D
5225 N HIMES AVENUE
TAMPA FL 33614

7. Name and Address of New Registered Agent

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURRAY, POLAIRE 5225 N HIMES AVE TAMPA FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/TD POLAIRE D MURRAY, 6405 RIVER BL TAMPA, FL 33604	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HIGGINS, LAURENCE E 5225 N HIMES AVE TAMPA FL 33614	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRMAN CURCI, FRAN PL 4707 CROYDON TAMPA, FL 33618	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RESNICK, DEBORAH 4407 CHARLESTON COURT TAMPA FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE CHAIRMAN RESNICK DEBORAH 4407 CHARLESTON CT. TAMPA FL 33609	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPBELL, SYLVIA 217 S MATANZAS AV TAMPA FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GILL, WILLIAM J 1201 FLORASELLA DR AVILA TAMPA FL 33613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR GILL WILLIAM J. 1201 FLORASELLA DR AVILA TAMPA, FL 33613	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ALVAREZ MANUEL 4603 WISHART BL TAMPA, FL 33603	☐ Change ☒ Addition

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 #