

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004256

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** THE RAPHAEL FOUNDATION, INC.

**Current Principal Place of Business:**

4603 WISHART BLVD  
TAMPA, FL 33603 US

**New Principal Place of Business:**

6405 RIVER BLVD.  
TAMPA, FL 33604 US

**Current Mailing Address:**

6405 RIVER BLVD  
TAMPA, FL 33604 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  
6405 RIVER BLVD  
TAMPA, FL 33604 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: SD ( ) Delete  
Name: MURRAY, POLAIRE  
Address: 6405 RIVER BLVD.  
City-St-Zip: TAMPA, FL 33604

Title: C ( ) Delete  
Name: CURCI, FRAN  
Address: 14707 CROYDON PL  
City-St-Zip: TAMPA, FL 33618

Title: VC ( ) Delete  
Name: RESNICK, DEBORAH  
Address: 4407 CHARLESTON COURT  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: CAMPBELL, SYLVIA  
Address: 217 S MATANZAS AV  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: GILL, WILLIAM J  
Address: 1201 FLORASELLA DR AVILA  
City-St-Zip: TAMPA, FL 33613

Title: T ( ) Delete  
Name: MANUEL, ALVAREZ  
Address: 4603 WISHART  
City-St-Zip: TAMPA, FL 33603

**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: D (X) Change ( ) Addition  
Name: HIGGINS, LAURENCE E  
Address: 3411 W CARACAS  
City-St-Zip: TAMPA, FL 33614

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: POLAIRE D MURRAY

SD

04/27/2007

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

\_\_\_\_\_  
Date