

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004256

FILED
Apr 30, 2008
Secretary of State

Entity Name: THE RAPHAEL FOUNDATION, INC.

Current Principal Place of Business:

6405 RIVER BLVD.
TAMPA, FL 33604 US

New Principal Place of Business:

4107 N. HIMES AVE.
STE103 C/O MR. L. PLASENCIA
TAMPA, FL 33604 US

Current Mailing Address:

6405 RIVER BLVD
TAMPA, FL 33604 US

New Mailing Address:

4107 N. HIMES AVE.
STE103 C/O MR. L. PLASENCIA
TAMPA, FL 33604 US

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: HIGGINS, LAURENCE E
Address: 3411 W CARACAS
City-St-Zip: TAMPA, FL 33614

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: MURRAY, POLAIRE D
Address: 6405 RIVER BLVD.
City-St-Zip: TAMPA, FL 33604

Title: C/D. (X) Change () Addition
Name: CURCI, FRAN
Address: 14707 CROYDON PL
City-St-Zip: TAMPA, FL 33618

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 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: S/POLAIRE D. MURRAY

S/D

04/30/2008

Electronic Signature of Signing Officer or Director

Date