

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90067 014 ****61.25

DOCUMENT # N95000004256

1. Entity Name

THE RAPHAEL FOUNDATION, INC.



Principal Place of Business

**5225 N HIMES AVE
TAMPA FL 33614
US**

Mailing Address

**5225 N HIMES AVE
TAMPA FL 33614
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-1470725**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

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

TITLE NAME	D MURRAY, POLAIRE	<input type="checkbox"/> Delete
STREET ADDRESS	5225 N HIMES AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE NAME	D HIGGINS, LAURENCE E	<input type="checkbox"/> Delete
STREET ADDRESS	5225 N HIMES AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE NAME	VP RESNICK, DEBORAH	<input type="checkbox"/> Delete
STREET ADDRESS	4407 CHARLESTON COURT	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE NAME	D CAMPBELL, SYLVIA	<input type="checkbox"/> Delete
STREET ADDRESS	217 S MATANZAS AV	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE NAME	P GILL, WILLIAM J	<input type="checkbox"/> Delete
STREET ADDRESS	1201 FLORASELLA DR AVILA	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

Polare Murray **Polare Murray** 3-12-03 (813) 875-4040

CR2E037 (10/02)