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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003572 (2)

1. Corporation Name

RAPHA MINISTRIES, INC.

Principal Place of Business

Mailing Address

1603 N PARTIN DR
NICEVILLE FL 32578

P.O. BOX 181
NICEVILLE FL 32588

3. Date Incorporated or Qualified

07/02/1996

4. FEI Number

59-3405506

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 410 E. Government St.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

25 32580

26 USA

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOTT, JACK C JR
218 GRANVIEW AVE.
VALPARAISO FL 32580

81 Name

JACK MOTT

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

410 E. Government Street

83

84 City

Valparaiso

FL

85 Zip Code

32580

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

JACK C. MOTT JR President

1-5-98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME MOTT, JACK C JR
STREET ADDRESS 218 GRANDVIEW AVE
CITY-ST-ZIP VALPARAISO FL 32580

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV ☒ DELETE
NAME GEIGER, WESLEY P
STREET ADDRESS 11402 RIVER KNOLL DR
CITY-ST-ZIP JACKSONVILLE FL 32225

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DST ☒ DELETE
NAME ARMSTRONG, LUTHER J
STREET ADDRESS 430 TANGLEWOOD DR
CITY-ST-ZIP FT WALTON BEACH FL 32547

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE Robert Phillips ☐ DELETE Director
NAME 132 Pamela Ann Dr.
STREET ADDRESS Ft. Walton Beach, FL 32548
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE Jackie Vernigen ☐ DELETE Director
NAME 116 Michael Ave.
STREET ADDRESS Ft. Walton Beach, FL 32548
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE Robert Mathers ☐ DELETE Director
NAME 1200 Windward Circle
STREET ADDRESS Niceville, FL 32578
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: JACK C. MOTT JR. President 1-5-98 850-729-8600

CR2E037 (10/97)