

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90112 001 \*\*\*\*61.25

**DOCUMENT # N96000003572**

1. Corporation Name

**RAPHA MINISTRIES, INC.**

Principal Place of Business

1603 N PARTIN DR  
VALPARAISO FL 32580  
US

Mailing Address

P.O. BOX 181  
NICEVILLE FL 32588



2. Principal Place of Business

21 **410 Government St.**

2a. Mailing Address

26 Suite, Apt. #, etc. --

3. Date Incorporated or Qualified

**07/02/1996**

Suite, Apt. #, etc.

22 **Suite G**

Suite, Apt. #, etc. --

27 City & State

4. FEI Number --

**59-3405506**

Applied For

Not Applicable

City & State

23 **VALPARAISO FL**

City & State

28

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip Country

24 **32580**

25 **USA**

Zip Country

29

30

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**JACK MOTT**  
**410 G. GOVERNMENT STREET**  
**VALPARAISO FL 32580**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

**JACK MOTT JR**  
(NOTE: Registered Agent signature required when reinstating)

DATE

**2-17-99**

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **MOTT, JACK C JR**  
STREET ADDRESS **218 GRANDVIEW AVE**  
CITY-ST-ZIP **VALPARAISO FL 32580**

TITLE **D** ☐ DELETE

NAME **PHILLIPS, ROBERT**  
STREET ADDRESS **132 PAMELA ANN DR**  
CITY-ST-ZIP **FT WALTON BEACH FL 32548**

TITLE **D** ☐ DELETE

NAME **JERNIGAN, JACKIE**  
STREET ADDRESS **116 MICHAEL AVE**  
CITY-ST-ZIP **FT WALTON BEACH FL 32548**

TITLE **D** ☐ DELETE

NAME **MATHERS, ROBERT**  
STREET ADDRESS **1200 WINDWARD CIRCLE**  
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

*Jernigan, Jackie*  
*7 Dogwood Dr.*  
*SHALIMAR, FL 32579*

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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

**2-17-99**

DAYTIME PHONE #

**850-729-8600**

CR2E037 (1/98)