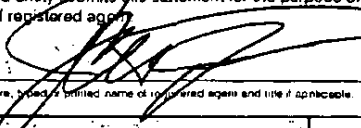
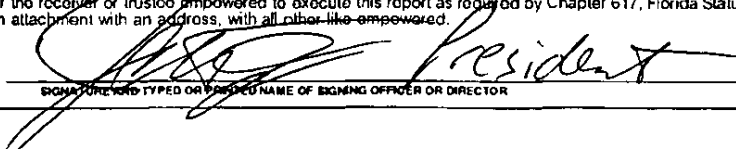


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 23, 2007 8:00 am
Secretary of State

05-01-2007 90010 033 ****61.25

5/1/

DOCUMENT # N96000003572 1. Entity Name RAPHA MINISTRIES, INC.					
Principal Place of Business 100-A HART ST NICEVILLE FL 32578 US			Mailing Address P.O. BOX 181 NICEVILLE FL 32588		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3405506	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACK MOTT 100-A HART ST NICEVILLE FL 32578			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 returned when re-registering) President 4-19-07 DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MOTT, JACK C JR 218 GRANDVIEW AVE VALPARAISO FL 32580	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILLIPS, ROBERT 1007 FOREST RD NICEVILLE FL 32578	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JERNIGAN, JACKIE 7 DOGWOOD DR SHALIMAR FL 32579	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATHERS, ROBERT 1200 WINDWARD CIRCLE NICEVILLE FL 32578	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  President 5-19-2007 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

850-709-8600