

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000005612**

1. Entity Name  
**RAFMAN CLUB, INCORPORATED**



Principal Place of Business  
**2423 CARIBBEAN COURT  
ORLANDO, FL 32805**

Mailing Address  
**2423 CARIBBEAN COURT  
ORLANDO, FL 32805**



02162006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**JORDAN, GEORGE  
2423 CARIBBEAN COURT  
ORLANDO, FL 32805**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$81.25  
Due by May 1, 2006**

9 Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
JORDAN, GEORGE  
2423 CARIBBEAN COURT  
ORLANDO, FL 32805**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MOORE, FREDDIE  
6318 LORENZO AVE.  
ORLANDO, FL 32818**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BM  
MCRAE, SIMON  
930 AMAROS AVE.  
ORLANDO, FL 32811**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
JARVIS, ARTHUR  
1922 FOXBORO DRIVE  
ORLANDO, FL 32812**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WILLIAMS, BILLY E  
1109 MISSION RIDGE CT.  
ORLANDO, FL 32835**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
HALL, DWIGHT  
1512 GANT'S CIRCLE  
KISSIMMEE, FL 34744**

000000508294  
04/27/06-80036-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/06

Date

487-841-8328

Daytime Phone #