


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90028 048 ****61.25

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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01152008 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

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

40010100



6. Name and Address of Current Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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	P	<input type="checkbox"/> Delete
NAME	JORDAN, GEORGE	
STREET ADDRESS	2423 CARIBBEAN COURT	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, FREDDIE	
STREET ADDRESS	6318 LORENZO AVE.	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	BM	<input type="checkbox"/> Delete
NAME	MCRAE, SIMON	
STREET ADDRESS	930 AMAROS AVE.	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JARVIS, ARTHUR	
STREET ADDRESS	1922 FOXBORO DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, BILLY E	
STREET ADDRESS	1109 MISSION RIDGE CT.	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HALL, DWIGHT	
STREET ADDRESS	1512 GANT'S CIRCLE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: *Dwight Hall* **1/29/08** **(407)346-1329**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #