


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90447 031 ****61.25

DOCUMENT # N98000001135
 1. Entity Name
RAFORD AND PHELP FAMILY REUNION, INC.



Principal Place of Business
**5201 WILEY STREET
 HOLLYWOOD, FL 33021.**

Mailing Address
**5201 WILEY STREET
 HOLLYWOOD, FL 33021**

50015030



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04032006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
65-0818305

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAFORD, CLARENCE J SR
 5201 WILEY STREET
 HOLLYWOOD, FL 33021**

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, 2006**

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	S	<input type="checkbox"/> Delete
NAME	MOORE, ANNIE LEE	
STREET ADDRESS	2710 SW 54TH AVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUSSEX, MICHAEL	
STREET ADDRESS	6911 SW 10TH CT	
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33868	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAYFORD, ANNIE BELL	
STREET ADDRESS	1140 SULTAN AVE	
CITY-ST-ZIP	OPA LOCKA, FL 33054	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ROSS, CATHY	
STREET ADDRESS	2710 S.W. 54TH AVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RAFORD, ALTHENA	
STREET ADDRESS	5201 WILEY STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Delete
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
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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: *Clarence J. Raford*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-06 (954)987-7433
 Date Daytime Phone #