


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90081 022 ****61.25

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



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

DO NOT WRITE IN THIS SPACE

04192007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0818305 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
RAFORD, CLARENCE J SR
5201 WILEY STREET
HOLLYWOOD, FL 33021

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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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	MOORE, ANNIE LEE
STREET ADDRESS	2710 SW 54TH AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	VP
NAME	BUSSEX, MICHAEL
STREET ADDRESS	6911 SW 10TH CT
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33868
TITLE	T
NAME	RAYFORD, ANNIE BELL
STREET ADDRESS	10000 WILSON AVE
CITY-ST-ZIP	DADE CITY, FL 33054
NAME	ROSS, CATHY
STREET ADDRESS	2710 S.W. 54TH AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	ST
NAME	RAFORD, ALTHENA
STREET ADDRESS	5201 WILEY STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Date: 4-20-07 Daytime Phone #: 954 989-7433
SIGNATURE AND TYPED OR PRINTED NAME OF AGENT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR