


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

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

<b>DOCUMENT # N98000001135</b> 1. Entity Name RAFORD AND PHELP FAMILY REUNION, INC.	
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Principal Place of Business 5201 WILEY STREET HOLLYWOOD, FL 33021	Mailing Address 5201 WILEY STREET HOLLYWOOD, FL 33021
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**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 <input type="checkbox"/>	\$8.75 Additional Fee Required

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

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

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

**DO NOT WRT 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:** *Clarence J. Raford* *Clarence J. Raford Jr.* 4-20-07 954 989-7433  
SIGNATURE AND TYPED OR PRINTED NAME OF AGENT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #