

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001135

FILED
Apr 30, 2009
Secretary of State

Entity Name: RAFORD AND PHELP FAMILY REUNION, INC.

Current Principal Place of Business:

5201 WILEY STREET
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

5201 WILEY STREET
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-0818305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MOORE, ANNIE LEE
Address: 2710 SW 54TH AVE
City-St-Zip: HOLLYWOOD, FL 33023

Title: VP () Delete
Name: BUSSEY, MICHAEL
Address: 6911 SW 10TH CT
City-St-Zip: NORTH LAUDERDALE, FL 33868

Title: T () Delete
Name: RAFORD, ANNIE BELL
Address: 1140 SULTAN AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: AS () Delete
Name: ROSS, CATHY
Address: 2710 S.W. 54TH AVE
City-St-Zip: HOLLYWOOD, FL 33023

Title: ST () Delete
Name: RAFORD, ALTHENA
Address: 5201 WILEY STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: P () Delete
Name: CLARANCE, RAFORD J SR
Address: 5201 WILEY STREET
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARANCE J. RAFORD SR.

Electronic Signature of Signing Officer or Director

P

04/30/2009

_____ Date