2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# N99000000061

Entity Name: RAPHA CHRISTIAN MINISTRIES, INC.

Current Principal Place of Business:

17845-C SAILFISH DRIVE
LUTZ, FL 33558

New Principal Place of Business:

17845-D SAILFISH DRIVE
LUTZ, FL 33558

Current Mailing Address:

17845-C SAILFISH DRIVE
LUTZ, FL 33558

New Mailing Address:

17845-D SAILFISH DRIVE
LUTZ, FL 33558

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVE
SUITE 900
MIAMI, FL 33131 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: D ( ) Delete
Name: MATTHEWS, KEVIN J
Address: 17845-C SAILFISH DRIVE
City-St-Zip: LUTZ, FL 33558

Title: D ( ) Delete
Name: MATTHEWS, LORNA J
Address: 17845-C SAILFISH DRIVE
City-St-Zip: LUTZ, FL 33558

Title: D ( ) Delete
Name: CONDON, ROBERT
Address: 893 OSTERVILLE WEST BARNSTABLE ROAD,
City-St-Zip: MARSTONS MILLS, MA 02648

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MATTHEWS, KEVIN J
Address: 14512 BRISTOL AVENUE
City-St-Zip: GRANDVIEW, MO 64030

Title: D (X) Change ( ) Addition
Name: MATTHEWS, LORNA J
Address: 14512 BRISTOL AVENUE
City-St-Zip: GRANDVIEW, MO 64030

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KEVIN J MATTHEWS D 04/26/2004

Electronic Signature of Signing Officer or Director — Date