

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000114875

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** ELOHIM BARA/RAPHA HOME AND HOSPITAL FOR THE AGED CORP

**Current Principal Place of Business:**

1175 NW 132 ST  
MIAMI, FL 33168

**New Principal Place of Business:**

**Current Mailing Address:**

1175 NW 132 ST  
MIAMI, FL 33168

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JEROME, SONIE  
1175 NW 132 ST  
MIAMI, FL 33168 US

**Name and Address of New Registered Agent:**

VIRGELIN, VIRGELIN  
1175 NW 132 ST  
MIAMI, FL 33168 US

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: VIRGELIN LUCIEN

04/29/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JEAN, DJENANE RN  
Address: 14560 NE 6TH AVE APT. 314  
City-St-Zip: NORTH MIAMI, FL 33161

Title: VP ( ) Delete  
Name: VIRGELIN, J. LUCIEN PR  
Address: 1175 NW 132 ST  
City-St-Zip: MIAMI, FL 33168

Title: VP ( ) Delete  
Name: JEAN, J. EDZER CPA  
Address: 14560 NE 6TH AVE APT. 314  
City-St-Zip: NORTH MIAMI, FL 33161

Title: VP ( ) Delete  
Name: VIRGELIN, C. BENOIT MD  
Address: 11223 NE 8TH AVE APT. 103  
City-St-Zip: SEATTLE, WA 98125

**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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DJENANE JEAN

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date