

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756604 (5)
1. Corporation Name
CHAPEL OF THE HOLY FAMILY, ASSOC., INC.



Principal Place of Business: 3385 N. WICKHAM RD. MELBOURNE FL 32935 US
Mailing Address: P. O. BOX 361314 MELBOURNE FL 32936-1314 US

3. Date Incorporated or Qualified: 03/03/1981
3a. Date of Last Report: 02/24/1995
4. FEI Number: 59-2885943
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: DEFILLIPS, DONALD J. 503 POINSETTIA RD. MELBOURNE BEACH FL 32951

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOEL, MARY JOAN	1.2 NAME	
STREET ADDRESS	997 SYCAMORE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFILLIPS, RAYMOND F	2.2 NAME	
STREET ADDRESS	155 RICHARDS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH, FL00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFILLIPS, DONALD J.	3.2 NAME	
STREET ADDRESS	503 POINSETTIA RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTLY, JOSEPH C.	4.2 NAME	
STREET ADDRESS	520 RIVIERA W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC MULLEN, BARBARA	5.2 NAME	
STREET ADDRESS	2752 CHOCTAW DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	PUBLIC RELATIONS DIRECTOR
STREET ADDRESS		6.3 STREET ADDRESS	ROCQUE, EUGENE R.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	220 LEE AVE.

6.4 CITY-ST-ZIP: SATELLITE BCH. FL 32937

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *[Signature]* March 19, 1996 407-783-8343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)