

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

0030011

**DOCUMENT # 756604**

1. Entity Name

**CHAPEL OF THE HOLY FAMILY, ASSOC., INC.**

04-16-2001 90066 035 \*\*\*\*61.25

Principal Place of Business

3385 N. WICKHAM RD.  
 MELBOURNE FL 32935  
 US

Mailing Address

P. O. BOX 361314  
 MELBOURNE FL 32936-1314  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2885943**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DEFILLIPS, DONALD J.**  
**503 POINSETTIA RD.**  
**MELBOURNE BEACH FL 32951**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
SD	DEFILLIPS, RAYMOND F.	155 RICHARDS RD	MELBOURNE BEACH, FL00000	<input type="checkbox"/>	<input type="checkbox"/>
PD	DEFILLIPS, DONALD J.	503 POINSETTIA RD.	MELBOURNE BEACH FL	<input type="checkbox"/>	<input type="checkbox"/>
VD	SUTLY, JOSEPH C.	520 RIVIERA W.	INDIALANTIC FL	<input type="checkbox"/>	<input type="checkbox"/>
TD	COSTON RICHARD	208 CHERRY DR	MELBOURNE FL	<input type="checkbox"/>	<input type="checkbox"/>
D	ROCQUE, EUGENE R PR DI	220 LEE AVE	SATELLITE BEACH FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Donald J. DeFillips DATE: 4/11/01 DAYTIME PHONE #: 321-783-8343  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)