


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 756604</b> 1. Entity Name CHAPEL OF THE HOLY FAMILY, ASSOC., INC.	
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Principal Place of Business 3385 N. WICKHAM RD. MELBOURNE FL 32935 US	Mailing Address P. O. BOX 361314 MELBOURNE FL 32936-1314 US
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2885943</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
DEFILLIPS, DONALD J. 503 POINSETTIA RD. MELBOURNE BEACH FL 32951

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DEFILLIPS, RAYMOND F <input type="checkbox"/> Delete 155 RICHARDS RD MELBOURNE BEACH FL 32951
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DEFILLIPS, DONALD J. <input type="checkbox"/> Delete 503 POINSETTIA RD. MELBOURNE BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SUTLY, JOSEPH C. <input type="checkbox"/> Delete 520 RIVIERA W. INDIALANTIC FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COSTON RICHARD <input type="checkbox"/> Delete 208 CHERRY DR MELBOURNE BEACH FL 32951
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROCQUE, EUGENE R PR DI <input type="checkbox"/> Delete 220 LEE AVE SATELLITE BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000035891 02/06/04-80037-006 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Raymond Defillips - RAYMOND DEFILLIPS      2/2/04      321-723-1826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #