


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 756604</b> 1. Entity Name <b>CHAPEL OF THE HOLY FAMILY, ASSOC., INC.</b>	
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Principal Place of Business <b>3385 N. WICKHAM RD. MELBOURNE FL 32935 US</b>	Mailing Address <b>P. O. BOX 361314 MELBOURNE FL 32936-1314 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE      CR2E037 (10/04)

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

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</b> Additional Fee Required	

<b>7. Name and Address of New Registered Agent</b>	
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 I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD DEFILLIPS, RAYMOND F <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	155 RICHARDS RD	NAME	U00000226571
STREET ADDRESS	MELBOURNE BEACH FL 32951	STREET ADDRESS	02/12/05-80020-015 61.25
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	PD DEFILLIPS, DONALD J. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	503 POINSETTIA RD.	NAME	
STREET ADDRESS	MELBOURNE BEACH FL	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	VD SUTLY, JOSEPH C. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	520 RIVIERA W.	NAME	
STREET ADDRESS	INDIALANTIC FL	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	SD COSTON RICHARD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	208 CHERRY DR	NAME	
STREET ADDRESS	MELBOURNE BEACH FL 32951	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D ROCQUE, EUGENE R PR DI <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	220 LEE AVE	NAME	
STREET ADDRESS	SATELLITE BEACH FL	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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 *Donald J. DeFillips*      Feb 9, 2005      381-783-8343

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