


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # 756604			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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	
4. FEI Number 59-2885943 Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 re-registering)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFillIPS, RAYMOND F	NAME	
STREET ADDRESS	155 RICHARDS RD	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFillIPS, DONALD J.	NAME	
STREET ADDRESS	503 POINSETTIA RD.	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTLY, JOSEPH C.	NAME	
STREET ADDRESS	520 RIVIERA W.	STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTON RICHARD	NAME	
STREET ADDRESS	208 CHERRY DR	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCQUE, EUGENE R PR DI	NAME	
STREET ADDRESS	220 LEE AVE	STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	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	



1st MOORE CR2E037 (10/05)

4. FEI Number **59-2885943** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 F. DEFILLIPS** APR 18TH 2006 32922-1826