


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90063 013 \*\*\*\*70.00

<b>DOCUMENT # 756604</b>			
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 - No P.O. Box #		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		7. Name and Address of New Registered Agent	
DEFILLIPS, DONALD J. 503 POINSETTIA RD. MELBOURNE BEACH, FL 32951		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	TD DEFILLIPS, RAYMOND F <input checked="" type="checkbox"/> Delete 155 RICHARDS RD MELBOURNE BEACH, FL 32951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLATT, JOEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8730 S. TROPICAL TRAIL MERRIT ISLAND, FL 32952
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	SD FRAS, PETER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1756 GRAND ISLE BLVD MELBOURNE, FL. 32940
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 COSTON, RICHARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 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: <u>Donald J. Defillips</u>		DONALD J. DEFILLIPS <u>Jan 8, 2008</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	