

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N 96060001174

1. Corporation Name
Holy Family Institute, Inc.

Principal Place of Business Mailing Address
 Same

**11927 Maidstone Dr
 West Palm Beach, FL 33414**

3. Date Incorporated or Qualified 3a. Date of Last Report
March 4, 1996

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

4. FEI Number	Applied For
65-0678585	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**Diana Abouzeid
 11927 Maidstone Drive
 West Palm Beach, FL 33414**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	
85. State	86. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director <i>President</i> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diana Abouzeid	1.2 NAME	
STREET ADDRESS	11927 Maidstone Drive	1.3 STREET ADDRESS	
CITY - ST - ZIP	West Palm Beach, FL 33414	1.4 CITY - ST - ZIP	
TITLE	Mother Provincial <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sister Robertina Barbaris <i>Director</i>	2.2 NAME	
STREET ADDRESS	11927 Maidstone Drive	2.3 STREET ADDRESS	
CITY - ST - ZIP	West Palm Beach, FL 33414	2.4 CITY - ST - ZIP	
TITLE	Vice-Provincial <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sister Ancila Bubato <i>Director</i>	3.2 NAME	
STREET ADDRESS	11927 Maidstone Drive	3.3 STREET ADDRESS	
CITY - ST - ZIP	West Palm Beach, FL 33414	3.4 CITY - ST - ZIP	
TITLE	Guardian <i>Director</i> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Father Svetozar Kraljevic	4.2 NAME	
STREET ADDRESS	11927 Maidstone Drive	4.3 STREET ADDRESS	
CITY - ST - ZIP	West Palm Beach, FL 33414	4.4 CITY - ST - ZIP	
TITLE	Pres of the Intl Goodwill <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Father Jozo Zovko <i>Director</i>	5.2 NAME	
STREET ADDRESS	11927 Maidstone Drive	5.3 STREET ADDRESS	
CITY - ST - ZIP	West Palm Beach, FL 33414	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 6-10-97 DAYTIME PHONE #: 561-1430-97-793-6583

CR2E037 (9/96)