


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

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000001174
 1. Entity Name
HOLY FAMILY INSTITUTE, INC.



Principal Place of Business Mailing Address
11927 MAIDSTONE DR **11927 MAIDSTONE DR**
WEST PALM BEACH FL 33414 **WEST PALM BEACH FL 33414**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number Applied For
65-0678585 Not Applicable

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

6. Name and Address of Current Registered Agent

ABOUZEID, DIANA
11927 MAIDSTONE DR
WEST PALM BEACH FL 33414

7. Name and Address of New Registered Agent

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 reappointing) _____ DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> Delete
NAME	ABOUZEID, DIANA	
STREET ADDRESS	11927 MAIDSTONE DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARBARIC, ROBERTINA	
STREET ADDRESS	11927 MAIDSTONE DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUBALO, ANCILA	
STREET ADDRESS	11927 MAIDSTONE DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRALJEVIC, SVETOZAR	
STREET ADDRESS	11927 MAIDSTONE DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZOVKO, JOZO	
STREET ADDRESS	11927 MAIDSTONE DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

U00000455049
 03/15/06-80040-015 61.25

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: _____ **DIANA ABOUZEID** 2-20-06 561 793-6383