

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90122 035 ****61.25

DOCUMENT # N96000001174			
1. Entity Name HOLY FAMILY INSTITUTE, INC.			
Principal Place of Business 11927 MAIDSTONE DR WEST PALM BEACH, FL 33414		Mailing Address 11927 MAIDSTONE DR WEST PALM BEACH, FL 33414	
2. Principal Place of Business - No P.O. Box # <i>1072 N. Ocean Blvd</i>		3. Mailing Address <i>1072 N. Ocean Blvd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
01032007 Chg-NP CR2E037 (12/06)		4. FEI Number 65-0678585	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State <i>Palm Beach, FL</i>		City & State <i>Palm Beach, FL</i>	
Zip <i>33480</i>		Zip <i>33480</i>	
Country <i>U.S.A</i>		Country <i>U.S.A</i>	
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 <i>Diana Abouzeid</i> Street Address (P.O. Box Number is Not Acceptable) <i>1072 N. Ocean Blvd.</i> City <i>Palm Beach</i> FL Zip Code <i>33480</i>	
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.		Diana Abouzeid Director 1-30-07 (NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2007		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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABOUZEID, DIANA	NAME	
STREET ADDRESS	11927 MAIDSTONE DR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33414	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARIC, ROBERTINA	NAME	
STREET ADDRESS	11927 MAIDSTONE DR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33414	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUBALO, ANCILA	NAME	
STREET ADDRESS	11927 MAIDSTONE DR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33414	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRALJEVIC, SVETOZAR	NAME	
STREET ADDRESS	11927 MAIDSTONE DR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33414	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOVKO, JOZO	NAME	
STREET ADDRESS	11927 MAIDSTONE DR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33414	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 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: <i>[Signature]</i>		DIANA ABOUZEID Director	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>1/30/07</i> Daytime Phone # <i>561-844-9764</i>	