

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756604

**Entity Name:** CHAPEL OF THE HOLY FAMILY ASSOC., INC.

**Current Principal Place of Business:**

3385 N. WICKHAM RD.  
MELBOURNE, FL 32935

**Current Mailing Address:**

3385 N. WICKHAM RD.  
MELBOURNE, FL 32935 US

**FEI Number: 59-2885943**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SUTLY, DR. JOSEPH  
520 RIVERA WEST  
INDIALANTIC, FL 32903 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title TD  
Name DEFILLIPS, RAYMOND JR  
Address 204 IBIS DRIVE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title PD  
Name SUTLY, JOSEPH C.  
Address 520 RIVIERA W.  
City-State-Zip: INDIALANTIC FL 32903

Title SD, SECRETARY  
Name CLARK, JAMES RICHARD  
Address 441 PENGUIN DRIVE  
City-State-Zip: SATELLITE BEACH FL 32937

Title D  
Name BLATT, JOEL  
Address 8730 S TROPICAL TRL  
City-State-Zip: MERRITT ISLAND FL 32952

Title D, VP  
Name DEFILLIPS, JAMES  
Address 204 IBIS DRIVE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title DIRECTOR  
Name GRIFFIN, JENNIFER  
Address 5034 THYMELEAF COURT  
City-State-Zip: MELBOURNE FL 32940

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES R.CLARK**

**SECRETARY**

**04/12/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date