

**2021 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: No**

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

DEFILLIPS, RAYMOND  
240 IBIS DRIVE  
MELBOURNE BEACH, FL 32951 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: RAYMOND DEFILLIPS**

**02/02/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER, DIRECTOR  
Name           DEFILLIPS, RAYMOND MICHAEL  
Address        240 IBIS DRIVE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title           PRESIDENT, DIRECTOR  
Name           DEFILLIPS, JAMES  
Address        270 RICHARDS ROAD  
City-State-Zip: MELBOURNE BEACH FL 32951

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

Title           DIRECTOR  
Name           KELDERHOUSE, JOSEPH  
Address        7667 NORTH WICKHAM ROAD  
                  APT.1216  
City-State-Zip: MELBOURNE FL 32940

Title           DIRECTOR  
Name           HUNTER, JOYCE  
Address        806 FIRESTONE STREET NE  
City-State-Zip: PALM BAY FL 32907

*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: RAYMOND DEFILLIPS**

**TREASURER**

**02/02/2021**

Electronic Signature of Signing Officer/Director Detail

Date