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FILED  
Mar 18 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 756604 (5)  
1. Corporation Name

CHAPEL OF THE HOLY FAMILY, ASSOC., INC.

Principal Place of Business

Mailing Address

3385 N. WICKHAM RD.  
MELBOURNE FL 32935  
US

P. O. BOX 361314  
MELBOURNE FL 32936-1314  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
03/03/1981

3a. Date of Last Report  
04/05/1996

4. FEI Number  
59-2885943

Applied For  
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

DEFILLIPS, DONALD J.  
503 POINSETTIA RD.  
MELBOURNE BEACH FL 32951

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 Donald J. DeFillips, Pres.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS NOEL, MARY JOAN  
CITY-ST-ZIP 997 SYCAMORE DR. ROCKLEDGE FL

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS DEFILLIPS, RAYMOND F  
CITY-ST-ZIP 155 RICHARDS RD MELBOURNE BEACH, FL00000

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS DEFILLIPS, DONALD J.  
CITY-ST-ZIP 503 POINSETTIA RD. MELBOURNE BEACH FL

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS SUTLY, JOSEPH C.  
CITY-ST-ZIP 520 RIVIERA W. INDIALANTIC FL

TITLE ☒ DELETE  
NAME TD  
STREET ADDRESS MC MULLEN, BARBARA  
CITY-ST-ZIP 2752 CHOCTAW DRIVE MELBOURNE FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS ROCQUE, EUGENE R PR DI  
CITY-ST-ZIP 220 LEE AVE SATELLITE BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME T.D.  
5.3 STREET ADDRESS COSTON, RICHARD  
5.4 CITY-ST-ZIP 208 CHERRY DR. 32951

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP MELBOURNE BCH. FL.

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

CR2E037 (9/96)