

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756604

FILED
Feb 10, 2009
Secretary of State

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

Current Principal Place of Business:

3385 N. WICKHAM RD.
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 361314
MELBOURNE, FL 329361314 US

New Mailing Address:

FEI Number: 59-2885943 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEFILLIPS, DONALD J.,
Address: 503 POINSETTIA RD.
City-St-Zip: MELBOURNE BEACH, FL

Title: VD () Delete
Name: SUTLY, JOSEPH C.
Address: 520 RIVIERA W.
City-St-Zip: INDIALANTIC, FL

Title: D () Delete
Name: COSTON RICHARD,
Address: 208 CHERRY DR
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: ROCQUE, EUGENE R PR DI
Address: 220 LEE AVE
City-St-Zip: SATELLITE BEACH, FL

Title: TD () Delete
Name: BLATT, JOEL
Address: 8730 S TROPICAL TRL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: DEFILLIPS, DONALD J.,
Address: 503 POINSETTIA RD.
City-St-Zip: MELBOURNE BEACH, FL 32951 BR

Title: PD (X) Change () Addition
Name: SUTLY, JOSEPH C.
Address: 520 RIVIERA W.
City-St-Zip: INDIALANTIC, FL 32903 BR

Title: D (X) Change () Addition
Name: COSTON, RICHARD
Address: 208 CHERRY DR
City-St-Zip: MELBOURNE BEACH, FL 32951 BR

Title: D (X) Change () Addition
Name: ROCQUE, EUGENE
Address: 220 LEE AVE
City-St-Zip: SATELLITE BEACH, FL 32937 BR

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Change (X) Addition
Name: FAAS, PETER
Address: 1756 GRAND ISLE BLVD
City-St-Zip: VIERA, FL 32940 BR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PETER FAAS

SD

02/10/2009

Electronic Signature of Signing Officer or Director

_____ Date