

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90098 040 ****61.25

DOCUMENT # 756604

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



Principal Place of Business

3385 N. WICKHAM RD.
MELBOURNE FL 32935
US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2885943

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing ☐ **\$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	SD	<input type="checkbox"/> Delete
NAME	DEFILLIPS, RAYMOND F	
STREET ADDRESS	155 RICHARDS RD	
CITY-ST-ZIP	MELBOURNE BEACH, FL00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEFILLIPS, DONALD J.	
STREET ADDRESS	503 POINSETTIA RD.	
CITY-ST-ZIP	MELBOURNE BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SUTLY, JOSEPH C.	
STREET ADDRESS	520 RIVIERA W.	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COSTON RICHARD	
STREET ADDRESS	208 CHERRY DR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROCQUE, EUGENE R PR DI	
STREET ADDRESS	220 LEE AVE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFILLIPS, RAYMOND F.	
STREET ADDRESS	155 RICHARDS RD.	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTON, RICHARD	
STREET ADDRESS	208 CHERRY DR.	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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: *Donald J. Defillips* **4/6/03 321-723-8343**

CR2E037 (10/02)