

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006149

FILED
Jun 19, 2007
Secretary of State

Entity Name: THE HOLY FAMILY HOUSE, INC.

Current Principal Place of Business:

432 HIGH ST
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

432 HIGH ST
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 20-4400825 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VERNA, VERA MARIE
432 HIGH ST
BOCA RATON, FL 33432 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: D () Delete
Name: Verna, VERA MARIE
Address: 432 HIGH ST
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: ST. JEAN, CLAIRE
Address: 4635 NW 2ND TERR
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: CAMMARATA, FRANCES
Address: 1105 SW 15TH ST, APT 108
City-St-Zip: DEERFIELD, FL 33441

Title: D () Delete
Name: BROOKS, KRISTIN
Address: 2945 SW 22ND AVE, APT 208
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: VERA MARIE Verna

D

06/19/2007

Electronic Signature of Signing Officer or Director

Date