

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000007744

FILED  
Nov 09, 2009  
Secretary of State

**Entity Name:** CHURCH OF THE HOLY FAMILY, INC.

**Current Principal Place of Business:**

3665 NW 18TH AVENUE  
OAKLAND PARK, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

3665 NW 18TH AVENUE  
OAKLAND PARK, FL 33309

**New Mailing Address:**

**FEI Number:** 51-0517906      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

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

SCHIAVONE, ND, RALPH  
3665 NW 18TH AVENUE  
OAKLAND PARK, FL 33309      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: RALPH SCHIAVONE ND

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: GALLANT, JOSEPH  
Address: 319 MANDARIN ISLES  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D      ( ) Delete  
Name: SCHIAVONE, ND, RALPH  
Address: 3665 NW 18TH AVENUE  
City-St-Zip: OAKLAND PARK, FL 33309

Title: D      ( ) Delete  
Name: BENTON, B J  
Address: 3421 SANDS HARBOR TRACE  
City-St-Zip: POMPANO BEACH, FL 33069

**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:

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: RALPH SCHIAVONE ND

D

11/09/2009

Electronic Signature of Signing Officer or Director

Date