2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N06000006135

Entity Name: HOLY FAMILY TRADITIONAL ROMAN CATHOLIC SCHOOL, INC.

Current Principal Place of Business:

4213 COLLINWOOD DRIVE
MELBOURNE, FL 32901 US

New Principal Place of Business:

1244 WATERS STREET
MELBOURNE, FL 32935 US

Current Mailing Address:

4213 COLLINWOOD DRIVE
MELBOURNE, FL 32901 US

New Mailing Address:

P.O. BOX 411188
MELBOURNE, FL 32941 US

FEI Number: 20-5085886 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OLINGER, MICHELLE M
4213 COLLINWOOD DRIVE
MELBOURNE, FL 32901 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: P ( ) Delete
Name: DEFILLIPS, RAYMOND M JR.
Address: 240 IBIS DRIVE
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: VP ( ) Delete
Name: RANIERI, WILLIAM A
Address: 321 HIBISCUS TRAIL
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: T ( ) Delete
Name: MONTGOMERY, TIMOTHY H
Address: 2695 PINE CONE DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

Title: S ( ) Delete
Name: OLINGER, MICHELLE M
Address: 4213 COLLINWOOD DRIVE
City-St-Zip: MELBOURNE, FL 32901 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DEFILLIPS, RAYMOND M
Address: 240 IBIS DRIVE
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: VP (X) Change ( ) Addition
Name: FREELIN, MIKELL M
Address: 3557 PENINSULA CIRCLE
City-St-Zip: MELBOURNE, FL 32940 US

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 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: RAYMOND M. DEFILLIPS P 04/24/2007

Electronic Signature of Signing Officer or Director — Date