## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 21, 2008 8:00 am DOCUMENT # N06000006135 **Secretary of State** 1. Entity Name 02-21-2008 90021 043 \*\*\*\*70.00 HOLY FAMILY SCHOOL, INC. Mailing Address Principal Place of Business P.O. BOX 411188 MELBOURNE FL 32941 1244 WATERS STREET MELBOURNE FL 32935 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 20-5085886 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEFILLIPS, RAYMOND M Street Address (P.O. Box Number is Not Acceptable) 240 IBIS DRIVE MELBOURNE BEACH FL 32951 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 primed name of registered agent and tale if applicable. (NOTE: Registered Agent signature recurred when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to **\$5.00** May Be in. Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State åle ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition DEFILLIPS, RAYMOND M NAME NAME 240 IBIS DRIVE STREET ADDRESS STREET ADDRESS MELBOURNE BEACH FL 32951 CITY-ST-ZIP CITY-ST-ZiP THE ☐ Delate TITLE ☐ Change ☐ Addition FREELIN, MIKELL M NAME NAME 3557 PENINSULA CIRCLE STREET ADDRESS STREET ADDRESS MELBOURNE FL 32940 CITY-ST-ZIP CITY ST-ZIP — D-Delete TITLE \_\_\_\_Change \_\_\_\_ Addition\_ MONTGOMERY, TIMOTHY H NAME NAME 2695 PINE CONE DRIVE STREET ADDRESS STREET ADDRESS MELBOURNE FL 32940 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ■ Delete TITLE ☐ Addition Kenneth P. Peldunas OLINGER, MICHELLE M NAME NAME 45 Crystal River DRive 4213 COLLINWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP M<del>ELBOURNE FL 329</del>01 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

FILED

SIGNATURE: Reymond M. Defillips Raymond M. DeFillips 2/11/08 (321/724-9073