

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 1:37

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **N28780** (7)  
1. Corporation Name  
**CHAPEL OF THE VENERABLE BEDE, INC.**

Principal Place of Business Mailing Address  
**1150 STANFORD DRIVE CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/10/1988** 3a. Date of Last Report **01/24/1994**

4. FBI Number **65-0078659** Applied For  Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**BURNETT, HENRY  
175 NW 1ST AVENUE  
MIAMI FL 33128**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

\*SIGNATURE Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MINICH, HENRY N.F. 1150 STANFORD DRIVE CORAL GABLES FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VAUGHN, ROBERT 13220 SW 98TH PLACE MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CREE, PHILIP 1216 PLACETAS AVENUE CORAL GABLES FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD ORMOND, GREG 624 FLUVIA AVENUE CORAL GABLES FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCINTIRE, ALEXANDER DR. 6361 SW 49TH STREET MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BURNETT, HENRY 4727 SW 85TH STREET MIAMI FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD Corbishley, Frank J. 1150 Stanford Drive Coral Gables, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D MacQueen, Ewan 1412 Garcia Avenue Coral Gables, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100001491911 -05/17/95--01146--013 *****61.25 *****61.25</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Delete McIntire</b>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed or on unconditionally with an address.

SIGNATURE: *[Signature]* **GREG T ORMOND TRUS.** Date: **4/20/95** (Type Name) **(905) 446-1300**