

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified **10/10/1988** 3a. Date of Last Report **05/01/1995**

| | | | |
|--------------------------------|-------------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 65-0078659 | Applied For <input type="checkbox"/> Not Applicable |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 22. City & State | 27. City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23. Zip | 28. Zip | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24. Country | 29. Country | | |

| | | | |
|--|--|--|--------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| BURNETT, HENRY 175 NW 1ST AVENUE MIAMI FL 33128 | | 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|--|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORBISHLEY, FRANK J | 1.2 NAME | |
| STREET ADDRESS | 1150 STANFORD DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MACQUEEN, EWAN | 2.2 NAME | V, D M. PAIGE CUBBISON |
| STREET ADDRESS | 1412 GARCIA AVENUE | 2.3 STREET ADDRESS | 10100 SW 108 ST |
| CITY-ST-ZIP | CORAL GABLES FL | 2.4 CITY-ST-ZIP | MIAMI FL 33176 |
| TITLE | VD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CREE, PHILIP | 3.2 NAME | |
| STREET ADDRESS | 1216 PLACETAS AVENUE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ORMOND, GREG | 4.2 NAME | T, D BAILEY, SCOTT A. |
| STREET ADDRESS | 624 FLUVIA AVENUE | 4.3 STREET ADDRESS | 6401 MAYNADA ST. |
| CITY-ST-ZIP | CORAL GABLES FL | 4.4 CITY-ST-ZIP | CORAL GABLES FL 33146 |
| TITLE | D | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURNETT, HENRY | 5.2 NAME | S, D TIMOTHY FOSTER |
| STREET ADDRESS | 4727 SW 85TH STREET | 5.3 STREET ADDRESS | 1790 S. TREASURE DR # 4A |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | NO. BAY VILLAGE, FL 33141 |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: **17 Feb-95** 305-666-6202
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (12/95)