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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28780 (7)

1. Corporation Name
CHAPEL OF THE VENERABLE BEDE, INC.



Principal Place of Business 1150 STANFORD DRIVE CORAL GABLES FL 33146	Mailing Address 1150 STANFORD DRIVE CORAL GABLES FL 33146-2002
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1988	3a. Date of Last Report 03/04/1996
21. Suffix, Apt. #, etc.	26. Suffix, Apt. #, etc.	4. FEI Number 65-0078659		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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: Frank J. Corbishley
82 Street Address (P.O. Box Number is Not Acceptable): 1150 Stanford Drive
83
84 City: Coral Gables FL 85 Zip Code: 33146

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: *Frank J. Corbishley* (NOTE: Registered Agent signature required when reinstating) DATE: *April 1, 1997*

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CORBISHLEY, FRANK J	
STREET ADDRESS	1150 STANFORD DRIVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CUBBISON, M. PAIGE	
STREET ADDRESS	10100 SW 108 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CREE, PHILIP	
STREET ADDRESS	1216 PLACETAS AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BAILEY, SCOTT A.	
STREET ADDRESS	6401 MAYNADA STREET	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FOSTER, TIMOTHY	
STREET ADDRESS	1790 S TREASURE DRIVE #4A	
CITY-ST-ZIP	NORTH BAY VILLAGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Vaughn, Nancy Jo
3.3 STREET ADDRESS	13220 SW 98 Place
3.4 CITY-ST-ZIP	Miami, FL 33176
4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Theodore Parsons
4.3 STREET ADDRESS	6931 SW 55 Terrace
4.4 CITY-ST-ZIP	Miami, FL 33155
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Frank J. Corbishley* DATE: *4/1/97*

CR2E037 (9/96)