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**Jan 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 10/10/1988	
4. FEI Number 65-0078659	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners' association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Country	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

**CORINSHLEY, FRANK J
1150 STANFORD DRIVE
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name	Frank J. Corbishley		
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: *Frank J. Corbishley* **Frank J. Corbishley** **January 5, 1998**

(NOTE: Registered Agent signature required when reinstating.) DATE

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 checked="" 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	VAUGHN, NANCY J	
STREET ADDRESS	13220 SW 98TH PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PARSONS, THEODORE	
STREET ADDRESS	8931 SW 55TH TERRACE	
CITY-ST-ZIP	MIAMI 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD Henry Burnett
4.3 STREET ADDRESS	4720 SW 85 Street
4.4 CITY-ST-ZIP	Miami, FL 33143
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VD
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VD Arjela Antonazzo
6.3 STREET ADDRESS	1720 NW North River Dr. #210
6.4 CITY-ST-ZIP	Miami FL 33125

14. I 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* **Frank J. Corbishley** **305 111 1332**

CP2E037 (10/97)