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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N28780

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



| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/10/1988 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0078659 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | | |

| | | | | | |
|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| CORINSHLEY, FRANK J 1150 STANFORD DRIVE CORAL GABLES FL 33146 | | | | 81 | Name Corbishley Frank J. |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | | | 83 | |
| | | | | 84 | City |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD | 1.1 TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CORBISHLEY, FRANK J | 1.2 NAME | Steve Cantrell |
| STREET ADDRESS | 1150 STANFORD DRIVE | 1.3 STREET ADDRESS | 7230 SW 124 Street |
| CITY-ST-ZIP | CORAL GABLES FL | 1.4 CITY-ST-ZIP | Miami, FL 33156 |
| TITLE | SD | 2.1 TITLE | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BURNETT, HENRY | 2.2 NAME | Nancy Jo Vaughn |
| STREET ADDRESS | 4720 SW 85 STREET | 2.3 STREET ADDRESS | 13220 SW 98 Place |
| CITY-ST-ZIP | MIAMI FL 33143 | 2.4 CITY-ST-ZIP | Miami, FL 33176 |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANTONAZZO, ANJELA | 3.2 NAME | |
| STREET ADDRESS | 1720 NW NORTH RIVER DR. #210 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33125 | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PARSONS, THEODORE | 4.2 NAME | |
| STREET ADDRESS | 6931 SW 55TH TERRACE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOSTER, TIMOTHY | 5.2 NAME | |
| STREET ADDRESS | 1790 S TREASURE DRIVE #4A | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH BAY VILLAGE FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 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 with all other like empowered.

SIGNATURE: *[Signature]* DATE: May 10, 1999 DAYTIME PHONE #: 305-661-4859

CR2E037 (11/98)