


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90041 047 ****61.25

DOCUMENT # N28780
 1. Entity Name
CHAPEL OF THE VENERABLE BEDE, INC.



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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **NO-T APPLICABLE** Applied For
 Not Applicable

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
CORBISHLEY, FRANK J
1150 STANFORD DRIVE
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Frank J. Corbishley* **February 25, 2004**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

| 10. 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 | MARCUS, ELIZABETH | |
| STREET ADDRESS | 6401 CABALLERO BLVD | |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | FERNANDEZ, ROGER | |
| STREET ADDRESS | 6804 SW 98TH ST | |
| CITY-ST-ZIP | PINECREST FL 33156 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | STIEGLITZ, NICK W JR | |
| STREET ADDRESS | 6120 DAVIS ROAD | |
| CITY-ST-ZIP | SOUTH MIAMI FL 33143 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BURNETT, HENRY | |
| STREET ADDRESS | 8871 SW 68 AVE | |
| CITY-ST-ZIP | MIAMI FL 33156 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BAGGS, FRED | |
| STREET ADDRESS | 8222 SW 82 CT | |
| CITY-ST-ZIP | MIAMI FL 33143 | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|----------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAGGS, FRED | |
| STREET ADDRESS | 8222 SW 82 CT | |
| CITY-ST-ZIP | MIAMI FL 33143 | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank J. Corbishley* **Frank J. Corbishley** **2/25/04** **305-284-2773**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #