


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90086 025 ****70.00

DOCUMENT # N28780
 1. Entity 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**

DO NOT WRITE IN THIS SPACE



01302005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

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

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

DO NOT WRITE IN THIS SPACE

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** *Frank J Corbishley* DATE: **01/30/2005**

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
 \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD CORBISHLEY, FRANK J 1150 STANFORD DRIVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD MARCUS, ELIZABETH 6401 GABALLERO BLVD CORAL GABLES, FL 33146 <i>Henry Burnett 8871 S.W. 68 Ave. Miami, FL 33156</i>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD FERNANDEZ, ROGER 8804 SW 96TH ST PINECREST, FL 33158 <i>Chuck Gornas 9032 S.W. 116 Lane Miami, FL 33173</i>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD STIEGLITZ, NICK W JR 6120 DAVIS ROAD SOUTH MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BURNETT, HENRY 8871 SW 68 AVE MIAMI, FL 33156 <i>Chuck Gornas 13646 S.W. 116 Lane Miami, FL 33156</i>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BAGGS, FREC 8222 SW 82 CT MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 life employees.

SIGNATURE: *Frank J Corbishley* DATE: **2/24/05** DAYTIME PHONE: **305-284-7330**