


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90037 037 ****70.00

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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		
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 NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORBISHLEY, FRANK J 1150 STANFORD DRIVE CORAL GABLES, FL 33146				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBISHLEY, FRANK J			NAME	
STREET ADDRESS	1150 STANFORD DRIVE			STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL			CITY-ST-ZIP	
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNETT, HENRY			NAME	VD Gowan
STREET ADDRESS	8871 US W 68 AVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33156			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, CHIFF			NAME	VD CLIFF YOUNG
STREET ADDRESS	9032 SW 52 TERR			STREET ADDRESS	9032 SW 52 TERR
CITY-ST-ZIP	MIAMI, FL 33173			CITY-ST-ZIP	MIAMI FL 33173
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIEGLITZ, NICK W JR			NAME	
STREET ADDRESS	6120 DAVIS ROAD			STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI, FL 33143			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOINS, CHUCK			NAME	VD GOINS, CHUCK
STREET ADDRESS	13846 SW 116 LANE			STREET ADDRESS	13846 SW 116 LANE
CITY-ST-ZIP	MIAMI, FL 33156			CITY-ST-ZIP	MIAMI FL 33156
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGGS, FREC			NAME	D FRANK GUILFORD
STREET ADDRESS	8222 SW 82 CT			STREET ADDRESS	7625 SW 50 AVE
CITY-ST-ZIP	MIAMI, FL 33143			CITY-ST-ZIP	CORAL GABLES FL 33143
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Frank Guilford</i>				Date: February 2, 2006 305-284-0333	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	