

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90017 035 ****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

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

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**

1st MOORE

CR2E037 (10/06)



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
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, 2007**

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	BURNETT, HENRY	
STREET ADDRESS	8871 US W 68 AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VD	<input type="checkbox"/> Delete
NAME	YOUNG, CLIFF	
STREET ADDRESS	9032 SW 52 TERR	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STIEGLITZ, NICK W JR	
STREET ADDRESS	6120 DAVIS ROAD	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOINS, CHUCK	
STREET ADDRESS	13646 SW 116 LANE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUILFORD, FRANK	
STREET ADDRESS	7625 SW 50 AVE	
CITY-ST-ZIP	CORAL GABLES 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSEY, SCOTT	
STREET ADDRESS	7860 SW 125 ST	
CITY-ST-ZIP	MIAMI, FL 33156	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Scott Massey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/07
Date

305-710-6557
Daytime Phone #