


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2008 8:00 am
Secretary of State

03-14-2008 90041 027 ****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
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: <i>Frank J Corbishley</i> DATE: 03/04/08			
FILE NOW. FEE IS \$61.25 Due By: May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: CORBISHLEY, FRANK J STREET ADDRESS: 1150 STANFORD DRIVE CITY-ST-ZIP: CORAL GABLES FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: MASSEY, SCOTT STREET ADDRESS: 7860 SW 125 ST CITY-ST-ZIP: MIAMI FL 33156	<input checked="" type="checkbox"/> Delete	TITLE: VD NAME: IAN MEDINA STREET ADDRESS: 6891 SW 49 STREET CITY-ST-ZIP: MIAMI FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: YOUNG, CLIFF STREET ADDRESS: 9032 SW 52 TERR CITY-ST-ZIP: MIAMI FL 33173	<input checked="" type="checkbox"/> Delete	TITLE: VD NAME: MONICA MAHER STREET ADDRESS: EATON RESIDENTIAL COLLEGE CITY-ST-ZIP: CORAL GABLES FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: STIEGLITZ, NICK W JR STREET ADDRESS: 6120 DAVIS ROAD CITY-ST-ZIP: SOUTH MIAMI FL 33143	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: GOINS, CHUCK STREET ADDRESS: 13646 SW 116 LANE CITY-ST-ZIP: MIAMI FL 33156	<input checked="" type="checkbox"/> Delete	TITLE: VD NAME: CARLOS NOBLE STREET ADDRESS: 5400 ALHAMBRA DRIVE CITY-ST-ZIP: CORAL GABLES, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: GUILFORD, FRANK STREET ADDRESS: 7625 SW 50 AVE CITY-ST-ZIP: CORAL GABLES FL 33143	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 life empowered.			
SIGNATURE: <i>Frank J Corbishley</i>		Date: March 30, 2008	

305-284-2333