



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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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		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 checked="" type="checkbox"/> Addition	
NAME	MASSEY, SCOTT		NAME	IAN MEDINA	
STREET ADDRESS	7860 SW 125 ST		STREET ADDRESS	6891 SW 49 STREET	
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	YOUNG, CLIFF		NAME	MONICA MAHER	
STREET ADDRESS	9032 SW 52 TERR		STREET ADDRESS	EATON RESIDENTIAL COLLEGE	
CITY-ST-ZIP	MIAMI FL 33173		CITY-ST-ZIP	CORAL GABLES FL 33146	
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 checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GOINS, CHUCK		NAME	CARLOS NOBLE	
STREET ADDRESS	13646 SW 116 LANE		STREET ADDRESS	5400 ALHAMBRA DRIVE	
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUILFORD, FRANK		NAME		
STREET ADDRESS	7625 SW 50 AVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33143		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 life empowered.					
SIGNATURE: <i>Frank J Corbishley</i>				DATE: March 30, 2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	

305-284-2333