


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90122 035 ****61.25

DOCUMENT # N96000001174	
1. Entity Name HOLY FAMILY INSTITUTE, INC.	

Principal Place of Business 11927 MAIDSTONE DR WEST PALM BEACH, FL 33414	Mailing Address 11927 MAIDSTONE DR WEST PALM BEACH, FL 33414
--	--

2. Principal Place of Business - No P.O. Box # 1072 N. Ocean Blvd	3. Mailing Address 1072 N. Ocean Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palm Beach, FL	City & State Palm Beach, FL
Zip 33480	Zip 33480
Country U.S.A	Country U.S.A



01032007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent ABOUZEID, DIANA 11927 MAIDSTONE DR WEST PALM BEACH, FL 33414	
7. Name and Address of New Registered Agent Name Diana Abouzeid Street Address (P.O. Box Number is Not Acceptable) 1072 N. Ocean Blvd. City Palm Beach FL 33480	

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 *[Signature]* **Diana Abouzeid Director 1-30-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	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 NAME STREET ADDRESS CITY-ST-ZIP	DP ABOUZEID, DIANA 11927 MAIDSTONE DR WEST PALM BEACH, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBARIC, ROBERTINA 11927 MAIDSTONE DR WEST PALM BEACH, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUBALO, ANCILA 11927 MAIDSTONE DR WEST PALM BEACH, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRALJEVIC, SVETOZAR 11927 MAIDSTONE DR WEST PALM BEACH, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZOVKO, JOZO 11927 MAIDSTONE DR WEST PALM BEACH, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: *[Signature]* **DIANA ABOUZEID Director**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **1/30/07** Daytime Phone # **561-844-9764**