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SECRETARY OF STATE
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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 711762 (5)
1. Corporation Name
THE ACADEMY OF THE HOLY NAMES FOUNDATION, INC.

Principal Place of Business Mailing Address
3319 BAYSHORE BOULEVARD TAMPA FL 33629
3319 BAYSHORE BOULEVARD TAMPA FL 33629

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 11/07/1966 3a. Date of Last Report 02/08/1994
4. FBI Number 59-6180118 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CISNEROS, FRANK
4918 LYFORD CAY RD
TAMPA FL 33629

10. Name and Address of New Registered Agent
81 Name James A. Murman
82 Street Address (P.O. Box Number is Not Acceptable) 21 Bahama Circle
83 Tampa, FL
84 City FL 85 33606

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE 5/26/95
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE D NAME CROSBY, WILLIAM STREET ADDRESS 3305 MCKAY AVE CITY-ST-ZIP TAMPA FL	
TITLE PD NAME CISNEROS, FRANK STREET ADDRESS 4918 LYFORD CAY RD CITY-ST-ZIP TAMPA FL	
TITLE D NAME HURLEY, RICHARD STREET ADDRESS 4914 LYFORD CAY RD CITY-ST-ZIP TAMPA FL	
TITLE D NAME CREAN, SISTER ELIZABETH STREET ADDRESS 3318 BAYSHORE BLVD CITY-ST-ZIP TAMPA FL	
TITLE D NAME GONZALEZ, ANTHONY STREET ADDRESS 701 N FRANKLIN ST CITY-ST-ZIP TAMPA FL	
TITLE T NAME WOODCOCK, JAMES STREET ADDRESS 2810 COUNTRYSIDE BLVD #1 CITY-ST-ZIP CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D Myles O'Connor
4.2 NAME	4920 Andros Drive
4.3 STREET ADDRESS	Tampa, FL 33629
4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE 4/18/95 813-223-2957
Signature and typed or printed name of signing officer or director