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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 3319 BAYSHORE BOULEVARD
TAMPA FL 33629 TAMPA FL 33629-8801

3. Date Incorporated or Qualified 11/07/1966
3a. Date of Last Report 04/08/1996

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

4. FEI 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MURMAN, JAMES A
21 BAHAMA CIR.
TAMPA FL 33060

10. Name and Address of New Registered Agent
81 Name JAMES A. MURMAN
82 Street Address (P.O. Box Number is Not Acceptable) 410 BLANCA AVE
83
84 City TAMPA FL 85 Zip Code 33606

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME D CROSBY, WILLIAM
STREET ADDRESS 3305 MCKAY AVE
CITY-ST-ZIP TAMPA FL
TITLE DELETE
NAME PD CISNEROS, FRANK
STREET ADDRESS 4918 LYFORD CAY RD
CITY-ST-ZIP TAMPA FL
TITLE DELETE
NAME D HURLEY, RICHARD
STREET ADDRESS 4914 LYFORD CAY RD
CITY-ST-ZIP TAMPA FL
TITLE DELETE
NAME D O'CONNOR, MYLES
STREET ADDRESS 4920 ANDROS DR.
CITY-ST-ZIP TAMPA FL 33629
TITLE DELETE
NAME T WOODCOCK, JAMES
STREET ADDRESS 2810 COUNTRYSIDE BLVD #1
CITY-ST-ZIP CLEARWATER FL
TITLE DELETE
NAME D Robert Joyce
STREET ADDRESS 101 E. Kennedy Blvd., Suite 3875
CITY-ST-ZIP Tampa, FL 33602

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME D Dennis Marcotte
1.3 STREET ADDRESS 3965 Henderson Blvd.
1.4 CITY-ST-ZIP Tampa, FL 33629
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 2-18-97 DAYTIME PHONE: 813-223-3951

CR2E037 (9/96)