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95 MAY -1 PH 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 711218 (8)
1. Corporation Name

ACADEMY OF THE HOLY NAMES OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3319 BAYSHORE BLVD. TAMPA FL 33629	3319 BAYSHORE BLVD. TAMPA FL 33629

3. Date Incorporated or Qualified	3a. Date of Last Report
07/16/1966	03/14/1994
4. FEI Number	Applied For Not Applicable
59-0910354	

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

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FLACK, MARIA
6142 BAYOU GRANDE BOULEVARD, NE
ST. PETERSBURG FL 33703

10. Name and Address of New Registered Agent

81 Name	Maria Flack
82 Street Address (P.O. Box Number is Not Acceptable)	450 Bay Laurel Ct., NE
83	
84 City	St. Petersburg FL
85 Zip Code	33703

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Maria Flack DATE: 4-3-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Maureen Ruckdeschel	
1.3 STREET ADDRESS	2506 Mystic Point Way	
1.4 CITY - ST - ZIP	Tampa, FL 33611	
2.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Maria Flack	
2.3 STREET ADDRESS	450 Bay Laurel Ct., NE	
2.4 CITY - ST - ZIP	St. Petersburg, FL 33703	
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Noian Kimball	
3.3 STREET ADDRESS	10382 Carrollwood Ln., #268	
3.4 CITY - ST - ZIP	Tampa, FL 33618	
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Nancy H. Harris, Esquire	
4.3 STREET ADDRESS	606 E. Madison St.	
4.4 CITY - ST - ZIP	Tampa, FL 33602	
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 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maria Flack DATE: 4-3-95 (715) 526-0990
Signature and typed or printed name of signing officer or director