

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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.



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

3. Date Incorporated or Qualified: 07/18/1966
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, and Zip/Country.

4. FEI Number: 59-0910354
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
**FLACK, MARIA
450 BAY LAUREL CT., NE
ST. PETERSBURG FL 33703**

10. Name and Address of New Registered Agent
81 Name: Kay Culbreath Young
82 Street Address (P.O. Box Number is Not Acceptable): 103 Adriatic Dr.
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: Kay Culbreath Young (Signature, typed or printed name of registered agent and title if applicable) (NOT Registered Agent signature required when reinstating)
DATE: 4/2/96

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	RUCKDESCHEL, MAUREEN	
STREET ADDRESS	2506 MYSTIC POINT WAY	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FLACK, MARIA	
STREET ADDRESS	450 BAY LAUREL CT., NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KIMBALL, NOLAN	
STREET ADDRESS	10382 CARROLLWOOD LN., #268	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, NANCY H ESQ	
STREET ADDRESS	606 E MADISON ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Board Vice President	<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	Board President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kay Culbreath Young	
2.3 STREET ADDRESS	103 Adriatic Dr.	
2.4 CITY-ST-ZIP	Tampa, FL 33606	
3.1 TITLE	Board Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Nolan Kimball	
3.3 STREET ADDRESS	10382 Carrollwood Ln., #268	
3.4 CITY-ST-ZIP	Tampa, FL 33618	
4.1 TITLE	Board Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Catherine Peek McEwen ESQ	
4.3 STREET ADDRESS	P.O. Box 3273	
4.4 CITY-ST-ZIP	Tampa, FL 33601-3273	
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	000001795628	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-04/26/96--01020--011	
6.3 STREET ADDRESS	***61.25	
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)(k), 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: Kay Culbreath Young (Signature and typed or printed name of signing officer or director) DATE: 4/2/96 DAYTIME PHONE #: (813) 839-5371

CR2E037 (12/95)

4/2-1/96