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Feb 18 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 # 711218 (8)

1. Corporation Name
ACADEMY OF THE HOLY NAMES OF FLORIDA, INC.



Principal Place of Business Mailing Address
3319 BAYSHORE BLVD. TAMPA FL 33629
3319 BAYSHORE BLVD. TAMPA FL 33629-8801

3. Date Incorporated or Qualified 07/18/1966
3a. Date of Last Report 04/25/1996

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 59-0910354
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

10. Name and Address of New Registered Agent

YOUNG, KAY C
103 ADRIATIC DR.
TAMPA FL

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE BVP RUCKDESCHEL, MAUREEN DELETE
NAME RUCKDESCHEL, MAUREEN
STREET ADDRESS 2506 MYSTIC POINT WAY
CITY-ST-ZIP TAMPA FL 33611

1.1 TITLE DVP Ruckdeschel, Maureen Change Addition
1.2 NAME Ruckdeschel, Maureen
1.3 STREET ADDRESS 2506 Mystic Point Way
1.4 CITY-ST-ZIP Tampa, FL 33611

TITLE BP YOUNG, KAY C DELETE
NAME YOUNG, KAY C
STREET ADDRESS 103 ADRIATIC DR.
CITY-ST-ZIP TAMPA FL 33703

2.1 TITLE DP Young, Kay Culbreath Change Addition
2.2 NAME Young, Kay Culbreath
2.3 STREET ADDRESS 103 Adriatic Avenue
2.4 CITY-ST-ZIP Tampa, FL 33606

TITLE BS KIMBALL, NOLAN DELETE
NAME KIMBALL, NOLAN
STREET ADDRESS 10382 CARROLLWOOD LN., #268
CITY-ST-ZIP TAMPA FL 33618

3.1 TITLE DS Nancy Harris Change Addition
3.2 NAME Nancy Harris
3.3 STREET ADDRESS 606 E. Madison Street
3.4 CITY-ST-ZIP Tampa, FL 33602

TITLE BT MCEWEN, CATHERINE C ESQ DELETE
NAME MCEWEN, CATHERINE C ESQ
STREET ADDRESS P.O BOX 3273
CITY-ST-ZIP TAMPA FL 33602

4.1 TITLE DT Edward F. Giunta Change Addition
4.2 NAME Edward F. Giunta
4.3 STREET ADDRESS 324 S. Hyde Park Ave
4.4 CITY-ST-ZIP Tampa, FL 33601

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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: Kay C Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97(813-839-5371)
Date Daytime Phone # 0048993

CR2E037 (9/96)