
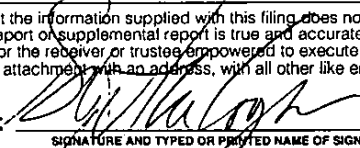


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90194 011 ****61.25

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|---|----------------------------|--|---|---|--|
| DOCUMENT # 711218 | | | |  | |
| 1. Entity 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 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | | Country | | |
| Zip | | | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| NORTON, DOROTHY 10 EDGEWATER DRIVE SUITE 12G CORAL GABLES, FL 33133 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete | TITLE | DS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GIBBONS, REV. R. C. | | NAME | Givens, Scott | |
| STREET ADDRESS | 1800 12TH STREET N. | | STREET ADDRESS | 208 Foxwood Drive | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33704 | | CITY-ST-ZIP | Brandon, FL 33510 | |
| TITLE | DV | <input type="checkbox"/> Delete | TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROTHMAN, ROBERT | | NAME | Rothman, Robert | |
| STREET ADDRESS | 6320 MACLAURIN DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33647 | | CITY-ST-ZIP | | |
| TITLE | DP | <input checked="" type="checkbox"/> Delete | TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NORTON, DOROTHY | | NAME | Fisher, Shelia | |
| STREET ADDRESS | 10 EDGEWATER DRIVE | | STREET ADDRESS | 460 Lucerne Avenue | |
| CITY-ST-ZIP | CORAL GABLES, FL 33133 | | CITY-ST-ZIP | Tampa, FL 33606 | |
| TITLE | DT | <input checked="" type="checkbox"/> Delete | TITLE | DT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KLUFT, GERALD M | | NAME | Cooper, Stephen | |
| STREET ADDRESS | 5208 E FOWLER AVE, SUITE F | | STREET ADDRESS | 4420 W. Culbreath Avenue | |
| CITY-ST-ZIP | TAMPA, FL 33617 | | CITY-ST-ZIP | Tampa, FL 33609 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | Stephen Cooper | | 4/26/05 (813) 286-1553 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |