



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 711218 1. Entity Name ACADEMY OF THE HOLY NAMES OF FLORIDA, INC.	
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Principal Place of Business 3319 BAYSHORE BLVD. TAMPA, FL 33629	Mailing Address 3319 BAYSHORE BLVD. TAMPA, FL 33629
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DO NOT WRITE IN THIS SPACE



03072008 No Chg-NP CR2E037 (4/06)

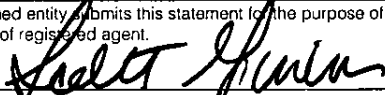
4. FEI Number 59-0910354	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIVENS, SCOTT
208 FOXWOOD DR
BRANDON, FL 33510

DO NOT WRITE IN THIS SPACE

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: 3/17/2008

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008


9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GIVENS, SCOTT 208 FOXWOOD DRIVE BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHIFINO, WILLIAM SR 4607 BAY TO BAY BLVD TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DOWDLE, JEFFREY A 3417 ALMERIA AVE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCLAREN, SCOTT 4524 WOODMERE RD TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/16/08-80013-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **SCOTT GIVENS** 3/17/2008 813-681-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #