

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711218

FILED
Apr 21, 2009
Secretary of State

Entity Name: ACADEMY OF THE HOLY NAMES OF FLORIDA, INC.

Current Principal Place of Business:

3319 BAYSHORE BLVD.
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

3319 BAYSHORE BLVD.
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-0910354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIVENS, SCOTT
208 FOXWOOD DR
BRANDON, FL 33510 US

Name and Address of New Registered Agent:

GIVENS, SCOTT DS
208 FOXWOOD DR
BRANDON, FL 33510 US

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.

SIGNATURE: SCOTT GIVENS

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: GIVENS, SCOTT
Address: 208 FOXWOOD DRIVE
City-St-Zip: BRANDON, FL 33510

Title: DP () Delete
Name: SCHIFINO, WILLIAM SR
Address: 4607 BAY TO BAY BLVD
City-St-Zip: TAMPA, FL 33629

Title: DT () Delete
Name: DOWDLE, JEFFREY A
Address: 3417 ALMERIA AVE
City-St-Zip: TAMPA, FL 33629

Title: DV () Delete
Name: MCLAREN, SCOTT
Address: 4524 WOODMERE RD
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: GRAMMIG, LAUREL L
Address: 21 BAHAMA CIRCLE
City-St-Zip: TAMPA, FL 33606

Title: DT (X) Change () Addition
Name: MOMM, ROSE C SNJM
Address: 504 LAKE MYSTIC LANE
City-St-Zip: LAKELAND, FL 33813

Title: DP (X) Change () Addition
Name: MCLAREN, SCOTT
Address: 4524 WOODMERE RD
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT GIVENS

DS

04/21/2009

Electronic Signature of Signing Officer or Director

Date