

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711218

FILED  
May 01, 2010  
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 (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GIVENS, SCOTT\_DS  
208 FOXWOOD DR  
BRANDON, FL 33510    US

**Name and Address of New Registered Agent:**

CREAN, ELIZABETH\_SNJM  
573 TIBERON COVE ROAD  
LONGWOOD, FL 32750    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: ELIZABETH CREAN, SNJM

05/01/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DC  
Name: FAINA, MARIA\_SNJM  
Address: 12007 BERNARD DRIVE  
City-St-Zip: SILVER SPRING, MD 20902 US

Title: DVC  
Name: DUNN, VIRGINIA\_SNJM  
Address: 3200 39TH STREET NW  
City-St-Zip: WASHINGTON, DC 20016

Title: DST  
Name: CREAN, ELIZABETH\_SNJM  
Address: 573 TIBERON COVE ROAD  
City-St-Zip: LONGWOOD, FL 32750

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH CREAN, SNJM

DST

05/01/2010

Electronic Signature of Signing Officer or Director

Date