

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711218

FILED
Apr 07, 2011
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:

3319 BAYSHORE BLVD.
TAMPA, FL 33629 US

Current Mailing Address:

3319 BAYSHORE BLVD.
TAMPA, FL 33629

New Mailing Address:

3319 BAYSHORE BLVD.
TAMPA, FL 33629 US

FEI Number: 59-0910354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CREAN, ELIZABETH SNJM
573 TIBERON COVE ROAD
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

LIEB, STEPHANIE C ESQ
101 EAST KENNEDY BOULEVARD
SUITE 2700
TAMPA, FL 33602 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: STEPHANIE C. LIEB

04/07/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DCT
Name: IFERT, RAYMOND E
Address: 4488 BOY SCOUT BLVD, SUITE 350
City-St-Zip: TAMPA, FL 33607 US

Title: DVC
Name: MCLEOD, MYRA M
Address: 401 W KENNEDY BLVD, BOX H
City-St-Zip: TAMPA, FL 33606 US

Title: DS
Name: LIEB, STEPHANIE C ESQ
Address: 101 EAST KENNEDY BLVD, SUITE 2700
City-St-Zip: TAMPA, FL 33602 US

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: STEPHANIE C. LIEB

DS

04/07/2011

Electronic Signature of Signing Officer or Director

Date