

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90024 013 ****61.25

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**

11025780



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-0910354		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CHRISTINA, SISTER ROSE 4406 HARDENOK TRAIL LAKELAND FL 33813				Name: Dorothy Norton			
				Street Address (P.O. Box Number is Not Acceptable)			
				10 Edgewater Drive, Suite 12G			
				City Coral Gables		FL	

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 *[Signature]* **Dorothy Norton** DATE **4/8/03**

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

FILE NOW: FEE IS \$61.25	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
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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	MOMM, SISTER ROSE CH			NAME	Gibbons, Rev. Robert C.		
STREET ADDRESS	4406 HARDENOK TRL			STREET ADDRESS	1800 12th Street N.		
CITY-ST-ZIP	LAKELAND FL 33813			CITY-ST-ZIP	St. Petersburg, FL 33704		
TITLE	DV	<input type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARBAS, STEVE			NAME	Barbas, Steve		
STREET ADDRESS	1802 CLEVELAND ST			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33606			CITY-ST-ZIP			
TITLE	DP	<input checked="" type="checkbox"/> Delete		TITLE	DV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CHRISTOPHER, BRIAN			NAME	Norton, Dorothy		
STREET ADDRESS	3324 S MACDILL AVENUE			STREET ADDRESS	10 Edgewater Drive		
CITY-ST-ZIP	TAMPA FL 33629			CITY-ST-ZIP	Coral Gables, FL 33133		
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KLUFT, GERALD M			NAME			
STREET ADDRESS	5208 E FOWLER AVE, SUITE F			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33617			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			
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 another like empowered.

SIGNATURE: *[Signature]* **Steve Barbas** DATE **4/8/03**

CR2E037 (10/02)