

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **711762** (5)
1. Corporation Name
THE ACADEMY OF THE HOLY NAMES FOUNDATION, INC.



Principal Place of Business 3319 BAYSHORE BOULEVARD TAMPA FL 33629	Mailing Address 3319 BAYSHORE BOULEVARD TAMPA FL 33629
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3. Date Incorporated or Qualified 11/07/1966	
4. FEI Number 59-6180118	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
23 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

**MURMAN, JAMES A
410 BLANCA AVE
TAMPA FL 33080**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CROSBY, WILLIAM	
STREET ADDRESS	3305 MCKAY AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CISNEROS, FRANK	
STREET ADDRESS	4918 LYFORD CAY RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HURLEY, RICHARD	
STREET ADDRESS	4914 LYFORD CAY RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'CONNOR, MYLES	
STREET ADDRESS	4920 ANDROS DR.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WOODCOCK, JAMES	
STREET ADDRESS	2810 COUNTRYSIDE BLVD #1	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERT JOYCE	
STREET ADDRESS	101 E KENNEDY BLVD STE 3875	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DENNIS MARCOTTE	
1.3 STREET ADDRESS	3969 HENDERSON BLVD	
1.4 CITY-ST-ZIP	TAMPA FL 33627	
2.1 TITLE	KAY YOUNG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	103 ADRIATIC	
2.3 STREET ADDRESS	TAMPA FL 33606	
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MURMAN, JAMES A.	
3.3 STREET ADDRESS	410 BLANCA AVE	
3.4 CITY-ST-ZIP	TAMPA, FL 33060	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CISNEROS, FRANK	
4.3 STREET ADDRESS	4918 LYFORD CAY RD.	
4.4 CITY-ST-ZIP	TAMPA, FL	
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HURLEY, RICHARD	
5.3 STREET ADDRESS	4914 LYFORD CAY RD.	
5.4 CITY-ST-ZIP	TAMPA, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JAMES A. MURMAN** 1-17-98 813-223-3951

CR2E037 (10/97)