FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 14 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C10354 (4)

1. Corporation Name
HOLY NAME ACADEMY

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
33201 HIGHWAY 52 SAINT LEO FL 33574	P.O. DRAWER H SAINT LEO FL 33574-4002

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0737887 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GREENFELDER, GLEN E 103 N THIRD STREET DADE CITY FL 33525	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BEVANS, GERMAINE	12 NAME	
STREET ADDRESS	33201 STATE HIGHWAY 52	13 STREET ADDRESS	
CITY-ST-ZIP	SAINT LEO FL 33574-4002	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	WANSLEY, DIANNE	22 NAME	
STREET ADDRESS	33201 STATE HIGHWAY 52	23 STREET ADDRESS	
CITY-ST-ZIP	SAINT LEO FL 33574-4002	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	NEUHOFER, MARY CLARE	32 NAME	
STREET ADDRESS	33201 STATE HIGHWAY 52	33 STREET ADDRESS	
CITY-ST-ZIP	SAINT LEO FL 33574-4002	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☒ Change ☐ Addition
NAME	BAILEY, ROBERTA	42 NAME	SD
STREET ADDRESS	33201 STATE HIGHWAY 52	43 STREET ADDRESS	ERAZMUS, LISA JUDENE
CITY-ST-ZIP	SAINT LEO FL 33574-4002	44 CITY-ST-ZIP	33210 STATE HIGHWAY 52 SAINT LEO, FL 33574-4002
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	DRISCOLL, PATRICIA A	52 NAME	D
STREET ADDRESS	33201 STATE HIGHWAY 52	53 STREET ADDRESS	LAVELLE, TERESA
CITY-ST-ZIP	SAINT LEO FL 33574-4002	54 CITY-ST-ZIP	8 DANIEL STREET, BEVERLY HILLS, FL 34465
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	HYDRO, MARY DAVID	62 NAME	D
STREET ADDRESS	33201 STATE HIGHWAY 52	63 STREET ADDRESS	LEAVY, JEROME
CITY-ST-ZIP	SAINT LEO FL 33574-4002	64 CITY-ST-ZIP	2807 S.W. 32nd AVENUE, APT 204 OCALA, FL 34474

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Mary Clare Neuhofer, O.S.B. Treasurer 2-22-95 904 588 8319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mary Clare Neuhofer O.S.B.

0063195