

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **C10354** (4)

1. Corporation Name
HOLY NAME ACADEMY



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

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 04/14/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number 59-0737887	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVANS, GERMAINE	1.2 NAME	
STREET ADDRESS	33201 STATE HIGHWAY 52	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAINT LEO FL 33574-4002	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANSLEY, DIANNE	2.2 NAME	
STREET ADDRESS	33201 STATE HIGHWAY 52	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAINT LEO FL 33574-4002	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUHOFFER, MARY CLARE	3.2 NAME	
STREET ADDRESS	33201 STATE HIGHWAY 52	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAINT LEO FL 33574-4002	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERAZMUS, LISA JUDENE	4.2 NAME	Secretary
STREET ADDRESS	33201 STATE HIGHWAY 52	4.3 STREET ADDRESS	Hydro, Mary David
CITY-ST-ZIP	SAINT LEO FL 33574-4002	4.4 CITY-ST-ZIP	33201 State Highway 52 Saint Leo, FL 33574-4002
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVELLE, TERESA	5.2 NAME	
STREET ADDRESS	8 DANIEL ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS FL 34465-4002	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAVY, JEROME	6.2 NAME	Director
STREET ADDRESS	2807 SW 32ND AVE. APT. 204	6.3 STREET ADDRESS	Leavy, Jerome
CITY-ST-ZIP	OCALA FL 34474	6.4 CITY-ST-ZIP	33201 State Highway 52 Saint Leo, FL 33574-4002

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*
Mary Clare Neuhofer, Treasurer
1/16/96 (352) 588 8319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)