

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. 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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
BEVANS, GERMAINE
33201 STATE HIGHWAY 52
SAINT LEO FL 33574-4002**

TITLE ☐ DELETE

**V
WANSLEY, DIANNE
33201 STATE HIGHWAY 52
SAINT LEO FL 33574-4002**

TITLE ☐ DELETE

**T
NEUHOFFER, MARY CLARE
33201 STATE HIGHWAY 52
SAINT LEO FL 33574-4002**

TITLE ☐ DELETE

**SD
ERAZMUS, LISA JUDENE
33201 STATE HIGHWAY 52
SAINT LEO FL 33574-4002**

TITLE ☐ DELETE

**D
LAVELLE, TERESA
8 DANIEL ST.
BEVERLY HILLS FL 34465-4002**

TITLE ☐ DELETE

**D
LEAVY, JEROME
2807 SW 32ND AVE. APT. 204
OCALA FL 34474**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

Secretary ☒ Change ☐ Addition

**Hydro, Mary David
33201 State Highway 52
Saint Leo, FL 33574-4002**

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Director ☒ Change ☐ Addition

**Leavy, Jerome
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, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96

(352) 588 8319

Date

Daytime Phone #

CR2E037 (12/95)