

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21		26		59-0737887		02/21/1996	
22		27		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24		29		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
GREENFELDER, GLEN E
103 N THIRD STREET
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81	Name	Greenfelder, Glen E. (change of address)
82	Street Address (P.O. Box Number is Not Acceptable)	14217 Third Street
83		
84	City	Dade City
85	Zip Code	FL 33525

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	Saint Leo, FL 33574-2450
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	Saint Leo, FL 33574-2450
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	Saint Leo, FL 33574-2450
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDRO, MARY DAVID	4.2 NAME	Lisa Judene Erazmus
STREET ADDRESS	33201 STATE HIGHWAY 52	4.3 STREET ADDRESS	33201 State Highway 52
CITY-ST-ZIP	SAINT LEO FL	4.4 CITY-ST-ZIP	Saint Leo, FL 33574-2450
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVELLE, TERESA	5.2 NAME	Roberta Bailey
STREET ADDRESS	8 DANIEL ST.	5.3 STREET ADDRESS	33201 State Highway 52
CITY-ST-ZIP	BEVERLY HILLS FL 34465-4002	5.4 CITY-ST-ZIP	Saint Leo, FL 33574-2450
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAVY, JEROME	6.2 NAME	Mildred Gelis
STREET ADDRESS	33201 STATE HIGHWAY 52	6.3 STREET ADDRESS	33201 State Highway 52
CITY-ST-ZIP	SAINT LEO FL	6.4 CITY-ST-ZIP	Saint Leo, FL 33574-2450

14. I do 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.

Sister Mary Clare Neuhofer OSB

CR2E037 (9/96)