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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
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 2450 27 Suite, Apt. #, etc. 28 City & State 29 Saint Leo, FL 30 Zip 31 33574-2450 32 Country
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3. Date Incorporated or Qualified 06/30/1992	3a. Date of Last Report 02/21/1996
4. FEI Number 59-0737887	Applied For <input type="checkbox"/> Not Applicable
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
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 _____
 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	P <input type="checkbox"/> DELETE
NAME	BEVANS, GERMAINE
STREET ADDRESS	33201 STATE HIGHWAY 52
CITY-ST-ZIP	SAINT LEO FL 33574-4002
TITLE	V <input type="checkbox"/> DELETE
NAME	WANSLEY, DIANNE
STREET ADDRESS	33201 STATE HIGHWAY 52
CITY-ST-ZIP	SAINT LEO FL 33574-4002
TITLE	T <input type="checkbox"/> DELETE
NAME	NEUHOFFER, MARY CLARE
STREET ADDRESS	33201 STATE HIGHWAY 52
CITY-ST-ZIP	SAINT LEO FL 33574-4002
TITLE	S <input type="checkbox"/> DELETE
NAME	HYDRO, MARY DAVID
STREET ADDRESS	33201 STATE HIGHWAY 52
CITY-ST-ZIP	SAINT LEO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LAVELLE, TERESA
STREET ADDRESS	8 DANIEL ST.
CITY-ST-ZIP	BEVERLY HILLS FL 34465-4002
TITLE	D <input type="checkbox"/> DELETE
NAME	LEAVY, JEROME
STREET ADDRESS	33201 STATE HIGHWAY 52
CITY-ST-ZIP	SAINT LEO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Saint Leo, FL 33574-2450
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Saint Leo, FL 33574-2450
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Saint Leo, FL 33574-2450
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S
4.3 STREET ADDRESS	Lisa Judene Erazmus
4.4 CITY-ST-ZIP	33201 State Highway 52
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	Roberta Bailey
5.4 CITY-ST-ZIP	33201 State Highway 52
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Mildred Gelis
6.4 CITY-ST-ZIP	33201 State Highway 52

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)