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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

PO BOX 2450
SAINT LEO FL 33574-2450
US

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

59-0737887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

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 **[NO CHANGE]**

82 Street Address (P.O. Box Number is Not Acceptable)
14217 Third Street [New Address]

83

84 City **Dade City**

FL 85 Zip Code
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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
BEVANS, GERMAINE
STREET ADDRESS **33201 STATE HIGHWAY 52**
CITY-ST-ZIP **SAINT LEO FL**

TITLE ☐ DELETE

NAME **V**
WANSLEY, DIANNE
STREET ADDRESS **33201 STATE HIGHWAY 52**
CITY-ST-ZIP **SAINT LEO FL**

TITLE ☐ DELETE

NAME **T**
NEUHOFFER, MARY CLARE
STREET ADDRESS **33201 STATE HIGHWAY 52**
CITY-ST-ZIP **SAINT LEO FL**

TITLE ☐ DELETE

NAME **S**
ERAZMUS, LISA JUDENE
STREET ADDRESS **33201 STATE HIGHWAY 52**
CITY-ST-ZIP **SAINT LEO FL**

TITLE ☐ DELETE

NAME **D**
BAILEY, ROBERT
STREET ADDRESS **33201 STATE HIGHWAY 52**
CITY-ST-ZIP **SAINT LEO FL**

TITLE ☐ DELETE

NAME **D**
GELIS, MILDRED
STREET ADDRESS **33201 STATE HIGHWAY 52**
CITY-ST-ZIP **SAINT LEO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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**

1-5-98

352 588 8320

CR2E037 (10/97)