

FILE NOW: FILING FEE IS \$61.25

FILED

**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
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3. Date Incorporated or Qualified 06/30/1992	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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 **[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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	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	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	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	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUHOFER, MARY CLARE	3.2 NAME	
STREET ADDRESS	33201 STATE HIGHWAY 52	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAINT LEO FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERAZMUS, LISA JUDENE	4.2 NAME	
STREET ADDRESS	33201 STATE HIGHWAY 52	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAINT LEO FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, ROBERT	5.2 NAME	
STREET ADDRESS	33201 STATE HIGHWAY 52	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAINT LEO FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELIS, MILDRED	6.2 NAME	
STREET ADDRESS	33201 STATE HIGHWAY 52	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAINT LEO FL	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

CREE037 (10/97)