


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90120 030 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # C10354**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/30/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0737887
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GREENFELDER, GLEN E 14217 THIRD STREET DADE CITY FL 33525				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVANS, GERMAINE	1.2 NAME	NEUHOFFER, MARY CLARE
STREET ADDRESS	33201 STATE HIGHWAY 52	1.3 STREET ADDRESS	33201 STATE HIGHWAY 52
CITY-ST-ZIP	SAINT LEO FL	1.4 CITY-ST-ZIP	SAINT LEO FL
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANSLEY, DIANNE	2.2 NAME	HYDRO, MARY DAVID
STREET ADDRESS	33201 STATE HIGHWAY 52	2.3 STREET ADDRESS	33201 STATE HIGHWAY 52
CITY-ST-ZIP	SAINT LEO FL	2.4 CITY-ST-ZIP	SAINT LEO, FL
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUHOFFER, MARY CLARE	3.2 NAME	BAILEY, ROBERTA
STREET ADDRESS	33201 STATE HIGHWAY 52	3.3 STREET ADDRESS	33201 STATE HIGHWAY 52
CITY-ST-ZIP	SAINT LEO FL	3.4 CITY-ST-ZIP	SAINT LEO, FL
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERAZMUS, LISA JUDENE	4.2 NAME	WANSLEY, DIANNE
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
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILEY, ROBERT	5.2 NAME	LAVELLE, TERESA
STREET ADDRESS	33201 STATE HIGHWAY 52	5.3 STREET ADDRESS	33201 STATE HIGHWAY 52
CITY-ST-ZIP	SAINT LEO FL	5.4 CITY-ST-ZIP	SAINT LEO, FL
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELIS, MILDRED	6.2 NAME	GELIS, MILDRED
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

14. I 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, with all other like empowered.

SIGNATURE: *Roberta Bailey* SIGNATURE REQUIRED Roberta Bailey 4-19-99 352-588-8320  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)