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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

GREENFELDER, GLEN E  
14217 THIRD STREET  
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME NEUHOFFER, MARY CLARE  
1.3 STREET ADDRESS 33201 STATE HIGHWAY 52  
1.4 CITY-ST-ZIP SAINT LEO FL  
☒ Change ☐ Addition

2.1 TITLE V  
2.2 NAME HYDRO, MARY DAVID  
2.3 STREET ADDRESS 33201 STATE HIGHWAY 52  
2.4 CITY-ST-ZIP SAINT LEO, FL  
☒ Change ☐ Addition

3.1 TITLE T  
3.2 NAME BAILEY, ROBERTA  
3.3 STREET ADDRESS 33201 STATE HIGHWAY 52  
3.4 CITY-ST-ZIP SAINT LEO, FL  
☒ Change ☐ Addition

4.1 TITLE S  
4.2 NAME WANSLEY, DIANNE  
4.3 STREET ADDRESS 33201 STATE HIGHWAY 52  
4.4 CITY-ST-ZIP SAINT LEO, FL  
☒ Change ☐ Addition

5.1 TITLE D  
5.2 NAME LAVELLE, TERESA  
5.3 STREET ADDRESS 33201 STATE HIGHWAY 52  
5.4 CITY-ST-ZIP SAINT LEO, FL  
☐ Change ☒ Addition

6.1 TITLE D  
6.2 NAME GELIS, MILDRED  
6.3 STREET ADDRESS 33201 STATE HIGHWAY 52  
6.4 CITY-ST-ZIP SAINT LEO, FL  
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

352-588-8320

Date

Daytime Phone #

CR2E037 (11/98)