


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90075 043 ****61.25

DOCUMENT # C10354		
1. Entity 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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94044258

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01282004 Chg-NP CR2E037 (10/03)

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. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GREENFELDER, GLEN E 14217 THIRD STREET DADE CITY, FL 33525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUHOFFER, MARY C	NAME	
STREET ADDRESS	33201 STATE HWY. 52	STREET ADDRESS	
CITY-ST-ZIP	SAINT LEO, FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBOTT, JEAN	NAME	
STREET ADDRESS	33201 STATE HIGHWAY 52	STREET ADDRESS	
CITY-ST-ZIP	SAINT LEO, FL 33574	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINSON, JANE	NAME	
STREET ADDRESS	33201 STATE HIGHWAY 52	STREET ADDRESS	
CITY-ST-ZIP	SAINT LEO, FL 33574	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERAZMUS, LISA-JUDENNE	NAME	
STREET ADDRESS	33201 STATE HIGHWAY 52	STREET ADDRESS	
CITY-ST-ZIP	SAINT LEO, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDRO, MARY DAVID	NAME	
STREET ADDRESS	33201 STATE HIGHWAY 52	STREET ADDRESS	
CITY-ST-ZIP	SAINT LEO, FL 33574	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELIS, MILDRED	NAME	
STREET ADDRESS	33201 STATE HIGHWAY 52	STREET ADDRESS	
CITY-ST-ZIP	SAINT LEO, FL	CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jean Abbott, CSB Vice President 4/1/04 352-588-8320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #