

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90131 023 *****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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-0737887**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GREENFELDER, GLEN E
14217 THIRD STREET
DADE CITY FL 33525**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **NEUHOFFER, MARY C**
STREET ADDRESS **33201 STATE HWY. 52**
CITY-ST-ZIP **SAINT LEO FL**

TITLE **V** ☒ Delete
NAME **HYDRO, MARY D**
STREET ADDRESS **33201 STATE HIGHWAY 52**
CITY-ST-ZIP **SAINT LEO FL**

TITLE **T** ☒ Delete
NAME **BAILEY, ROBERTA**
STREET ADDRESS **33201 STATE HIGHWAY 52**
CITY-ST-ZIP **SAINT LEO FL**

TITLE **S** ☐ Delete
NAME **ERAZMUS, LISA-JUDENNE**
STREET ADDRESS **33201 STATE HIGHWAY 52**
CITY-ST-ZIP **SAINT LEO FL**

TITLE **D** ☒ Delete
NAME **LAVELLE, TERESA**
STREET ADDRESS **33201 STATE HIGHWAY 52**
CITY-ST-ZIP **SAINT LEO FL 33574**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
NAME **ABBOTT, JEAN**
STREET ADDRESS **33201 STATE HIGHWAY 52**
CITY-ST-ZIP **SAINT LEO, FL 33574**

TITLE **T** ☐ Change ☒ Addition
NAME **MARTINSON, JANE**
STREET ADDRESS **33201 STATE HIGHWAY 52**
CITY-ST-ZIP **SAINT LEO, FL 33574**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **HYDRO, MARY DAVID**
STREET ADDRESS **33201 STATE HIGHWAY 52**
CITY-ST-ZIP **SAINT LEO, FL 33574**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *S. Jean Abbott* OSB QUOTE JEAN ABBOTT, OSB

4/15/03

352-588-8320

CR2E037 (10/02)