2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000004697

1. Entity Name
SANCTA FAMILIA ACADEMY, INC.

Principal Place of Business	Mailing Address
1204 N. HARBOR CITY BLVD. MELBOURNE, FL 32935	1204 N. HARBOR CITY BLVD. MELBOURNE, FL 32935

DO NOT WRITE IN THIS SPACE

02262004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3727498

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALF, LINDA J
1904 ABINGTON DRIVE
MELBOURNE, FL 32901

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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 Linda J Alf 2/26/04
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

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03/01/04 00111 025 61.25

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	NOONAM, DOROTHY M
STREET ADDRESS	2214 KENT ST NE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	D
NAME	ALF, LINDA J
STREET ADDRESS	1904 ABINGTON DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D
NAME	SUTPHIN, MARY
STREET ADDRESS	231 SALMON DR
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Linda J Alf Linda J. Alf 2/26/04 321-259-6464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #