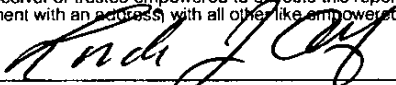


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90047 014 ****61.25

DOCUMENT # N01000004697 1. Entity Name SANCTA FAMILIA ACADEMY, INC.					
Principal Place of Business 1204 N. HARBOR CITY BLVD. MELBOURNE, FL 32935			Mailing Address 1204 N. HARBOR CITY BLVD. MELBOURNE, FL 32935		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
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			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)					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOONAM, DOROTHY M 2214 KENT ST NE PALM BAY, FL 32907	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Noonan, Dorothy M. 763 Teak Dr. Melbourne, FL 32935
				☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALF, LINDA J 1904 ABINGTON DRIVE MELBOURNE, FL 32901	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUTPHIN, MARY 231 SALMON DR PALM BAY, FL 32907	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
				☐ Change ☐ Addition	
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 ^{TRES} 1/21/05 321-259-6464					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50005888



01202005 Chg-NP CR2E037 (10/03)