

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008174

FILED
Apr 15, 2004
Secretary of State

Entity Name: ASSOCIATION OF THE HOLY NAME, INC.

Current Principal Place of Business:

4923 NW 143RD ST
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 337
ORMOND BEACH, FL 321750337

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OGLE, WILLIAM H ESQ
LAW OFFICES OF MAYFIELD & OGLE PA
200 E GRANADA BLVD SUITE 206
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OGLE, WILLIAM HARRIS, ON
Address: P.O. BOX 337
City-St-Zip: ORMOND BEACH, FL 32175

Title: D () Delete
Name: ROBERTS, DAVID EARL,
Address: 4923 NW 143RD ST
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: HOPKE, TOM BRYAN,
Address: P.O. BOX 362
City-St-Zip: ALACHUA, FL 32616

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H. OGLE

D

04/15/2004

Electronic Signature of Signing Officer or Director

Date