

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005491 (4)

1. Corporation Name

HOLY FAMILY ACADEMY, INC.



Principal Place of Business

Mailing Address

35246 U.S. 19 NORTH, #300
PALM HARBOR FL 33468-4

35246 U.S. 19 NORTH, #300
PALM HARBOR FL 33468-4

3. Date Incorporated or Qualified

11/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3353632

Applied For

Not Applicable

Suite, Apt. #, etc.

306

Suite, Apt. #, etc.

306

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

24

Zip 34684

Country

25

Zip 34684

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COUGHLIN, VICKY
35246 U.S. 19 NORTH, #300
PALM HARBOR FL 33468-4

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2

TITLE	D	<input type="checkbox"/> DELETE
NAME	LANCASTER, PATRICA C	
STREET ADDRESS	11598 IRVING STREET	
CITY-ST-ZIP	SEMINOLE FL 34642	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COUGHLIN, VICKY	
STREET ADDRESS	40 WOODCUTTER LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'LEARY, MARY D	
STREET ADDRESS	7121 BAY STREET	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kim Gudan	
1.3 STREET ADDRESS	3426 Lacewood Run	
1.4 CITY-ST-ZIP	Tampa, FL 33618	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Maria Tompkins	
2.3 STREET ADDRESS	4214 Water Oak Ln.	
2.4 CITY-ST-ZIP	Tampa, FL 33624	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Vicky Coughlin Vicky Coughlin

4/29/96 (813) 781-8784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)