


FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000005491 (4)**  
1. Corporation Name  
**HOLY FAMILY ACADEMY, INC.**



Principal Place of Business 35246 U.S. 19 NORTH, #300 #306 PALM HARBOR FL 34684 US	Mailing Address 35246 U.S. 19 NORTH, #300 #306 PALM HARBOR FL 34684-1931 US
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3. Date Incorporated or Qualified <b>11/20/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
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21 22 23 24	2. Principal Place of Business <b>35246 US 19 NORTH</b> Suite, Apt. #, etc. <b>#306</b> City & State Zip Country	26 27 28 29 30	2a. Mailing Address <b>35246 US 19 NORTH</b> Suite, Apt. #, etc. <b>#306</b> City & State Zip Country
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4. FEI Number <b>59-3353632</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**COUGHLIN, VICKY**  
**35246 U.S. 19 NORTH, #300**  
**PALM HARBOR FL 33468-4**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**40 WOODCUTTER LANE**  
83  
84 City **PALM HARBOR** FL 85 Zip Code **34683**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LANCASTER, PATRICA C</b>	
STREET ADDRESS	<b>11598 IRVING STREET</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 34642</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COUGHLIN, VICKY</b>	
STREET ADDRESS	<b>40 WOODCUTTER LANE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>O'LEARY, MARY D</b>	
STREET ADDRESS	<b>7121 BAY STREET</b>	
CITY-ST-ZIP	<b>ST. PETE BEACH FL 33706</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>KIM GUDAN</b>	
STREET ADDRESS	<b>3426 LACEWOOD RUN</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARIA TOMPKINS</b>	
STREET ADDRESS	<b>4214 WATER OAK LANE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	<b>3426 LACEWOOD RD</b>	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 \_\_\_\_\_ DATE **4/28/97** (813)781-8002

CR2E037 (9/96)