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FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
#306  
PALM HARBOR FL 34684  
US

35246 U.S. 19 NORTH. #300  
#306  
PALM HARBOR FL 34684-1931  
US

3. Date Incorporated or Qualified  
**11/20/1995**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

21 **35246 US 19 NORTH**

Suite, Apt. #, etc.

22 **#306**

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 **35246 US 19 NORTH**

Suite, Apt. #, etc.

27 **#306**

City & State

28

Zip

Country

29

30

4. FEI Number  
**59-3353632**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00** May Be  
Added to Fees

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



Yes



No

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)

**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 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 reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **LANCASTER, PATRICA C**

STREET ADDRESS **11598 IRVING STREET**

CITY-ST-ZIP **SEMINOLE FL 34642**

TITLE **D** ☐ DELETE

NAME **COUGHLIN, VICKY**

STREET ADDRESS **40 WOODCUTTER LANE**

CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **D** ☐ DELETE

NAME **O'LEARY, MARY D**

STREET ADDRESS **7121 BAY STREET**

CITY-ST-ZIP **ST. PETE BEACH FL 33706**

TITLE **T** ☐ DELETE

NAME **KIM GUDAN**

STREET ADDRESS **3426 LACEWOOD RUN**

CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE

NAME **MARIA TOMPKINS**

STREET ADDRESS **4214 WATER OAK LANE**

CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**3426 LACEWOOD RD**

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 **VICKY COUGHLIN**

**4125127 8131781-8002**

CR2E037 (9/96)