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03-04-1999 90098 024 ****70.00

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005491

1. Corporation Name

~~HOLY FAMILY ACADEMY, INC.~~

Rosemont Academy, Inc.

Principal Place of Business

35246 US 19 NORTH
#306
PALM HARBOR FL 34684
US

Mailing Address

35246 US 19 NORTH
#306
PALM HARBOR FL #3468
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/20/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3353632

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COUGHLIN, VICKY
40 WOODCUTTER LN
PALM HARBOR FL 34683

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 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

1.1 TITLE Joe Millen (Director) ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 4148 Arlington Dr.
1.4 CITY-ST-ZIP Palm Harbor, FL 34685

TITLE D ☐ DELETE
NAME COUGHLIN, VICKY
STREET ADDRESS 40 WOODCUTTER LANE
CITY-ST-ZIP PALM HARBOR FL 34683

2.1 TITLE Francis Reilly (Director) ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS 13788 Montego Dr.
2.4 CITY-ST-ZIP Seminole, FL 34646

TITLE D ☒ DELETE
NAME O'LEARY, MARY D
STREET ADDRESS 7121 BAY STREET
CITY-ST-ZIP ST. PETE BEACH FL 33706

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME KIM GUDAN
STREET ADDRESS 3426 LACEWOOD RD
CITY-ST-ZIP TAMPA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME MARIA TOMPKINS
STREET ADDRESS 4214 WATER OAK LANE
CITY-ST-ZIP TAMPA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Vicky Coughlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99

Date

(813) 781-8002

Daytime Phone #

CR2E037 (1/98)