

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711218

**Entity Name:** ACADEMY OF THE HOLY NAMES OF FLORIDA, INC.

**Current Principal Place of Business:**

3319 BAYSHORE BLVD.  
TAMPA, FL 33629

**Current Mailing Address:**

3319 BAYSHORE BLVD.  
TAMPA, FL 33629 US

**FEI Number:** 59-0910354

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CREAN, ELIZABETH SNJM  
573 TIBERON COVE ROAD  
LONGWOOD, FL 32750 US

*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:** ELIZABETH CREAN, SNJM

04/04/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DC  
Name IFERT, RAYMOND E  
Address 4488 BOY SCOUT BLVD, SUITE 350  
City-State-Zip: TAMPA FL 33607

Title DVC  
Name SCAROLA, BRUCE W DR.  
Address 213A KINGSWAY ROAD NORTH  
City-State-Zip: BRANDON FL 33510

Title DS  
Name CREAN, ELIZABETH SNJM  
Address 573 TIBERON COVE ROAD  
City-State-Zip: LONGWOOD FL 32750

Title DT  
Name HOLT, THOMAS  
Address 4015 W. VASCONIA STREET  
City-State-Zip: TAMPA FL 33629

*I hereby 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 all other like empowered.*

**SIGNATURE:** ELIZABETH CREAN, SNJM

**SECRETARY**

04/04/2013

Electronic Signature of Signing Officer/Director Detail

Date