

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004697

Entity Name: SANCTA FAMILIA ACADEMY, INC.**Current Principal Place of Business:**2401 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935**Current Mailing Address:**763 TEAK DR.
MELBOURNE, FL 32935 US**FEI Number: 59-3727498****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ALF, LINDA J
1904 ABINGTON DRIVE
MELBOURNE, FL 32901 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title PRESIDENT, DIRECTOR
Name NOONAN, DOROTHY
Address 763 TEAK DRIVE
City-State-Zip: MELBOURNE FL 32935Title TREASURER, DIRECTOR
Name PASTORIUS, RORY
Address 4472 ROGERS PLACE
City-State-Zip: MELBOURNE FL 32904Title DIRECTOR
Name MURO, CHRISTOPHER
Address 2030 REDWOOD CIRCLE N.E.
City-State-Zip: PALM BAY FL 32905Title SECRETARY, DIRECTOR
Name NOONAN, MARY
Address 763 TEAK DR.
City-State-Zip: MELBOURNE FL 32935Title DIRECTOR
Name GAMBRELL, ASHLEY
Address 1607 BAKER ST.
City-State-Zip: PALM BAY FL 32907

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: DOROTHY NOONAN**PRESIDENT****04/26/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date