FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 7:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706492 (6)

1. Corporation Name
HOLY CROSS HOSPITAL AUXILIARY, INC.

Principal Place of Business	Mailing Address
4725 N FEDERAL HIGHWAY FT LAUDERDALE FL 33308	4725 N FEDERAL HIGHWAY FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1963
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-0843392 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MENI NICHOLS
3050 NE 16TH AVE. 504
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Meni Nichols
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	PD	11 TITLE		☒ Change ☐ Addition
NAME	~~PROSTHOLM, JUNE~~	12 NAME	Grace Gardiner	
STREET ADDRESS	~~2940 NE 9TH ST. 101~~	13 STREET ADDRESS	5570 N.E. 26th Ave.	
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~	14 CITY-ST-ZIP	Ft. Lauderdale, Fl 33308	
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	~~HILL, LOUSIA~~	22 NAME	Catherine Murray	
STREET ADDRESS	3000 NE 48TH ST. 102	23 STREET ADDRESS	2340 N.E. 9th St. 306	
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP	Ft. Lauderdale, Fl 33304	
TITLE	VD	31 TITLE		☒ Change ☐ Addition
NAME	~~SHANNON, ANITA~~	32 NAME	Jane Conti	
STREET ADDRESS	~~6250 N.E. 29TH AVE.~~	33 STREET ADDRESS	4700 N.E. 23rd Ave.	
CITY-ST-ZIP	~~FT. LAUDERDALE FL 33308~~	34 CITY-ST-ZIP	Ft. Lauderdale, Fl 33308	
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	FIGARI, MARY	42 NAME		
STREET ADDRESS	77 S. BIRCH RD 5-A	43 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	NICHOLS, MENI	52 NAME		
STREET ADDRESS	3050 NE 16TH AVE. 504	53 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	54 CITY-ST-ZIP		
TITLE	SD	61 TITLE		☒ Change ☐ Addition
NAME	~~DEHN, MARIE~~	62 NAME	Elinor Stephens	
STREET ADDRESS	~~1110 SE 7TH AVE.~~	63 STREET ADDRESS	2900 N.E. 17th St. Cswy., #602	
CITY-ST-ZIP	~~POMPANO BEACH FL~~	64 CITY-ST-ZIP	Pompano Bch., Fl 33062	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Grace Gardiner, Pres. Grace A. Gardiner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006708