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Jun 11 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 # 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 33308-4603

3. Date Incorporated or Qualified: 12/03/1963
3a. Date of Last Report: 01/24/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-0843392 ☐ 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

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	GARDINER, GRACE		1.2 NAME	Jane Conti	
STREET ADDRESS	5570 NE 26TH AVE		1.3 STREET ADDRESS	4700NE 23 Avenue Ft. Laud. F133308	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	MURRAY, CATHERINE		2.2 NAME	Grace Girdiner	
STREET ADDRESS	~~2340 NE 9TH ST #306~~		2.3 STREET ADDRESS	5570 NE 26 Ave.	
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~		2.4 CITY-ST-ZIP	Ft. Lauderdale Fl 33308	
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	CONTI, JANE		3.2 NAME	Barbara Seigel	
STREET ADDRESS	4700 NE 23RD AVE		3.3 STREET ADDRESS	540 San Marco Drive	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	Ft. Laud. Fl. 33301	
TITLE	VD	☒ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~FIGARI, MARY~~		4.2 NAME	Jeanne Gambardella	
STREET ADDRESS	~~77 S. BIRCH RD S-A~~		4.3 STREET ADDRESS	5300 NE 24 Terrace	
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	Ft. Laud. Fl 33308	
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NICHOLS, MENI		5.2 NAME		
STREET ADDRESS	3050 NE 16TH AVE. 504		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		5.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	6.1 TITLE	SD	☒ Change ☐ Addition
NAME	STEPHENS, ELINOR		6.2 NAME	Alice Jordan	
STREET ADDRESS	2900 NE 17TH STREET CSWY #602		6.3 STREET ADDRESS	2340 NE 9 St.	
CITY-ST-ZIP	POMPANO BEACH FL		6.4 CITY-ST-ZIP	Ft. Laud Fl. 33304	

CR2E037 (9/96)

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 _____