2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 706492

1. Entity 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

01182004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-0843392
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHENS, ELINOR
2900 NE 14TH ST APT 811
POMPANO BEACH, FL 33064

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	FROSTHOLM, JUNE
STREET ADDRESS	2340 N.E. 9TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	P
NAME	RADRIQUEZ, SARAH
STREET ADDRESS	2670 OAK TREE CIRCLE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	VPD
NAME	SIEGEL, BARBARA
STREET ADDRESS	540 SAN MARCO DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	VPD
NAME	SAMPSON, MARIE
STREET ADDRESS	3101 NE 47TH COURT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	VPS
NAME	FEDER, PAT
STREET ADDRESS	8883 LAKE PARK CIRCLE S
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	Y
NAME	STEPHENS, ELINOR
STREET ADDRESS	2900 NE 14TH ST APT 811
CITY-ST-ZIP	POMPANO BEACH, FL 33068

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01/23/04-80057-022 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Elinor St Stephens 1/20/04 954-776-3112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ELINOR STEPHENS