

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90062 050 ****61.25

DOCUMENT # 706492 1. Entity Name HOLY CROSS HOSPITAL AUXILIARY, INC.	
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Principal Place of Business 4725 N FEDERAL HIGHWAY FT LAUDERDALE FL 33308	Mailing Address 4725 N FEDERAL HIGHWAY FT LAUDERDALE FL 33308
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40013851



1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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 <i>33064</i>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Elinor Stephens* (NOTE: Registered Agent signature required when reinstating) DATE *1/27/05*

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FROSTHOLM, JUNE 2340 N.E. 9TH ST FORT LAUDERDALE FL 33304 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PHYLLIS BANNISTER 4522 N.W. 66 AVE FORT LAUDERDALE FL 33319 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RADRIQUEZ, SARAH 2670 OAK TREE CIRCLE FORT LAUDERDALE FL 33309 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEVP BARBARA SMITH 259 N. TRADEWINDS AV LAUDERDALE BY THE SEA FL 33308 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SIEGEL, BARBARA 540 SAN MARCO DRIVE FORT LAUDERDALE FL 33301 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VP MARY JANE GRAFF 2500 N.E. HERKANE AVE FORT LAUDERDALE FL 33308 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SAMPSON, MARIE 3101 NE 47TH COURT FORT LAUDERDALE FL 33308 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARIE JEHU 1110 SE. 7th AVE POMPANO BEACH FL 33060 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FEDER, PAT 8883 LAKE PARK CIRCLE S DAVIE FL 33328 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER STEPHENS, ELINOR 2900 NE 14TH ST APT 811 POMPANO BEACH FL 33068 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Elinor Stephens* DATE *1/27/05* DAYTIME PHONE # *954 786-1522*