2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State
03-14-2006 90020 021 ****61.25

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

1st MOORE CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BANNISTER, PHYLLIS 4922 NORTHWEST 66 AVENUE FORT LAUDERDALE FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd VP MAKING HOLZWORTH 540 N.E. 18 AVE FORTLAUDERDALE FLA 33334	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VD ~~SMITH, BARBARA~~ ~~259 NORTH TRADEWINDS AVENUE~~ ~~LAUDERDALE BY THE SEA FL 33308~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RECORDING SECRETARY CHRISTIANE GOOSELIN 1361 S. OCEAN BLVD apt 407 POMPANO BEACH FLA 33062	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~2VD~~ 3rd VP GRAFF, MARY JANE 2500 NORTHEAST 48TH LANE #J02 FORT LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3rd VP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~DEHN, MARIE~~ ~~1110 SOUTHEAST 7TH AVENUE~~ ~~POMPANO BEACH FL 33060~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~3VD~~ 1st VP FEDER, PAT 8883 LAKE PARK CIRCLE S DAVIE FL 33328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1st VP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD 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 exemptions contained in Section 119, 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 Pres. 3/20/06 954 786-4522