

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 766148**

1. Entity Name

HOLY CROSS ASSOCIATES OF FLORIDA, INC.



Principal Place of Business

1635 4TH STREET  
SARASOTA, FL 34236

Mailing Address

1635 4TH STREET  
SARASOTA, FL 34236



04222008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2240042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GEENEN, WILLIAM J.  
1635 4TH ST.,  
SARASOTA, FL 34236

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GEENEN, WILLIAM J
STREET ADDRESS	1635 4TH ST
CITY-ST-ZIP	SARASOTA, FL 00000,
TITLE	SD
NAME	COOK, JOHN F ESQ
STREET ADDRESS	2033 WOOD ST STE 220
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	TD
NAME	FERRIS, ROBERT
STREET ADDRESS	2389 RINGLING BLVD
CITY-ST-ZIP	SARASOTA, FL 00000,
TITLE	VD
NAME	PUST, MOLLEEN
STREET ADDRESS	1635 4TH STREET
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000930378  
05/21/08-80104-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

*William J. Geenen, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
WILLIAM J. GEENEN

4/25/08

Date

941-365-0742

Daytime Phone #