

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 766148

**FILED**  
**Oct 15, 2009**  
**Secretary of State**

**Entity Name:** HOLY CROSS ASSOCIATES OF FLORIDA, INC.

**Current Principal Place of Business:**

1635 4TH STREET  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

1635 4TH STREET  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 59-2240042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: WILLIAM J. GEENEN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GEENEN, WILLIAM J  
Address: 1635 4TH ST  
City-St-Zip: SARASOTA, FL 00000,

Title: SD ( ) Delete  
Name: COOK, JOHN F ESQ  
Address: 2033 WOOD ST STE 220  
City-St-Zip: SARASOTA, FL 34237

Title: TD ( ) Delete  
Name: FERRIS, ROBERT  
Address: 2389 RINGLING BLVD  
City-St-Zip: SARASOTA, FL 00000,

Title: VD ( ) Delete  
Name: PUST, MOLLEEN  
Address: 1635 4TH STREET  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J. GEENEN

PD

10/15/2009

Electronic Signature of Signing Officer or Director

Date