FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # N11228

Country

1. Corporation Name

HOLY CROSS ACADEMY, INC.

Principal Place of Busin	1
12425 SUNSET DRIVE	
MIAMI FL 33183	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Mailing Address

12425 SUNSET DRIVE MIAMI FL 33183

2a. Mailing Address

City & State

Suite, Apt. #, etc.



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09/23/1985

59-2670744

5. Certifcate of Status Desired

6. Election Campaign Financing

4. FEI Number

4	25	29	30			1	Trust Fun	d Contribi	ution		Added to	Fees
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
				81	Name							
WENDT E	DANK G			82	Street	Address (P.O. Box N	ımher is l	Vot Accenta	able)		
WENDT, FRANK G 12425 SUNSET DRIVE					Ou cot :	A001050 (u,		
MIAMI FL				83					· · · · · · · · · · · · · · · · · · ·			
MICAMI FL	33163										85 Zip C	
	•		······································	84	City				· · · · · · · · · · · · · · · · · · ·	FL		
office or r	to the provisions of Sections 617 registered agent, or both, in the S m familiar with, and accept the of	tate of Florida. Such ch	nangé was autho	nzed by	the corpo	corporation s t	on submits i	nis staten ctors. I h	nent for the areby acce	purpose or pt the appoi	changing its r ntment as reg	istered
SIGNATURE			AIOTE, Deal		t algorithm n	required when	reloctation)	<u></u>		DATE		
12.	Signature, typed or printed name of registered	S AND DIRECTORS	(NOTE: Regi	13.	r signature n	eddiida esigii		S/CHANG	ES TO OF		D DIRECTOR	RS IN 12
TILE	PD		DELETE	1.1 TITLE		I					Change	☐ Addition
	· • ·	_		1.2 NAME								
NAME	WENDT, FRANK G			1.3 STREET	ADODECC							
STREET ADDRESS												
CITY-ST-ZIP	MIAMI FL		DELETE	1.4 CITY-ST 2.1 TITLE	I-ZIP	V			· · · · ·		Change	Addition
TITLE	STD	_	JOLELIE			•			1			
NAME	GIBAULT, JAMES A			2.2 NAME								į
STREET ADDRESS				2.3 STREET						•		
CITY-ST-ZIP	MIAM! FL			2. 4 CITY-S	T-ZIP						Change	Addition
TITLE	VD	<i>y</i>	DELETE	3.1 TITLE						,	☐ ¢nango	
NAME	LICKMAN, PETER D			3.2 NAME								
STREET ADDRESS	1475 N.E. 199 STREET			3.3 STREET	ADDRESS	1						
CITY-ST-ZIP	MIAMI FL			3.4. CITY-S	T-ZIP						Staff hongs	Addition
TITLE	D	L] DELETE	4,1 TITLE							Change	☐ Addition
NAME	NOELS, ANTHONIA		ł	4. 2 NAME								
STREET ADDRESS	TWEELINGENLAAN 60		1	4.3 STREET	ADDRESS	_		. م		A ***	Aradica	مسمله
CITY-ST-ZIP	EINDHOVER TH			4.4 CITY-S	-ZIP	EINE	HOVEN	<u> 5</u>	63L	A4-	Nether	
TITLE	\$] DELETE	5.1 TITLE		VD			,	•	Change	Addition
NAME				5.2 NAME		BLO	NSKY	17	الممءكه	reet		
STREET ADDRESS				5.3 STREET	ADDRESS	734	5 574	1. 12	ાં કે કે કે	reel		
CITY-ST-ZIP		•		5.4 CITY-S	T-ZIP	MI	AMI	FL	33/5	<u> 6 - </u>	·	
TITLE			DELÉTE	6.1 TITLE							☐ Change	☐ Addition
NAME		•		6.2 NAME						•		
STREET ADDRESS				6.3 STREET	ADDRESS							
CITY-ST-ZIP	27-33		ŀ	6.4 CITY-S	T-ZIP							
14. Lhereby's	certify that the information supplie	ed with this filing does r	not qualify for the	exempti	on stated	d in Section	on 119.07(3	(i), Florid	a Statutes.	I further cer	tify that the in	formation

Country

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an 'officiar 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable