


**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90055 010 \*\*\*150 00

DOCUMENT # F06000000973				02-25-2008 90055 010 ***150.00	
1. Entity Name SISTERS OF THE HOLY CROSS, INC.		Principal Place of Business 100 LOURDES HALL ST MARYS NOTRE DAME, IN 46556-5014		Mailing Address 100 LOURDES HALL ST MARYS NOTRE DAME, IN 46556-5014	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number 35-0868159	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent CONNORS, ADRIA 355 EDMOR RD WPALM BCH, FL 33405	
7. Name and Address of New Registered Agent Name Sister Maureen Grady Street Address (P.O. Box Number is Not Acceptable) 9873 Lawrence Road #B 108 City Boynton Beach FL Zip Code 33436		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 <i>Sister Maureen Grady</i> Sister Maureen Grady 2/5/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT HOYLER, GERALDINE 100 LOURDES HALL ST MARYS NOTRE DAME, IN 465565014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'GRADY, JOY 100 LOURDES HALL ST MARYS NOTRE DAME, IN 465565014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. NICKERSON, RUTH M 100 LOURDES HALL ST MARYS NOTRE DAME, IN 465565014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FULL, MARY L 100 LOURDES HALL ST MARYS NOTRE DAME, IN 465565014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 607, 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: <i>Geraldine Hoyler</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Geraldine Hoyler, CSC		2/11/08 (574) 284-5551 Date Daytime Phone #	