

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706492

Entity Name: HOLY CROSS HOSPITAL AUXILIARY, INC.**Current Principal Place of Business:**4725 N FEDERAL HIGHWAY
FT LAUDERDALE, FL 33308**Current Mailing Address:**4725 N FEDERAL HIGHWAY
FT LAUDERDALE, FL 33308**FEI Number:** 59-2311705**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WATSON, NANCY L
4725 N FEDERAL HIGHWAY
FT LAUDERDALE, FL 33308 US*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:** NANCY WATSON

01/05/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name O'CONNELL, BETTY
Address 4725 N FEDERAL HIGHWAY
City-State-Zip: FT LAUDERDALE FL 33308

Title DIRECTOR
Name SANBORN, ELLEN
Address 4725 N FEDERAL HIGHWAY
City-State-Zip: FT LAUDERDALE FL 33308

Title TREASURER
Name GARDELLA, LORI
Address 4725 N FEDERAL HIGHWAY
City-State-Zip: FT LAUDERDALE FL 33308

Title SECRETARY
Name JOHNSON, DONI
Address 4725 N FEDERAL HIGHWAY
City-State-Zip: FT LAUDERDALE FL 33308

Title DIRECTOR
Name WATSON, NANCY
Address 4725 N FEDERAL HIGHWAY
City-State-Zip: FT LAUDERDALE FL 33308

I hereby 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 all other like empowered.

SIGNATURE: NANCY WATSON**DIRECTOR**

01/05/2020

Electronic Signature of Signing Officer/Director Detail

Date