## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 706492** 

Apr 25, 2008 Secretary of State

Entity Name: HOLY CROSS HOSPITAL AUXILIARY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

4725 N FEDERAL HIGHWAY FT LAUDERDALE, FL 33308

**Current Mailing Address: New Mailing Address:** 

4725 N FEDERAL HIGHWAY FT LAUDERDALE, FL 33308

FEI Number: 59-0843392 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

STEPHENS, ELINOR 2900 NE 14TH ST APT 811 POMPANO BEACH, FL 33064 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:

Date

## Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

PD () Delete (X) Change ( ) Addition BANNISTER, PHYLLIS DEHN, MARIE Name: Name: 4922 NORTHWEST 66 AVENUE Address: 1110 SE 7TH AVENUE Address: City-St-Zip: FORT LAUDERDALE, FL 33319 City-St-Zip: POMPANO BEACH, FL 33060

Title: Title: (X) Change ( ) Addition ( ) Delete GOOSELIN, CHRISTINE Name: DI PHILLIPS, ELIZABETH Name:

Address: 1361 S OCEAN BLVD APT 407 Address: 305 N POMPANO BEACH BLVD #506 City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: POMPANO BEACH, FL 33062

Title: 3VP () Delete Title: 1VP (X) Change ( ) Addition GRAFF, MARY JANE HOLZWORTH, MAXINE Name: Name:

2500 NORTHEAST 48TH LANE #J02 Address: Address: 5760 NE 18TH AVE

City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: FORT LAUDERDALE, FL 33334

Title: 2VP ( ) Delete Title: 2VP (X) Change ( ) Addition Name: HOLZWORTH, MAXINE Name: FEDER, PAT

8883 LAKE PARK CIRCLE S Address: 5760 NE 18TH AVE Address:

City-St-Zip: FORT LAUDERDALE, FL 33334 City-St-Zip: **DAVIE, FL 33328** 

3VP Title: ( ) Delete Title: (X) Change ( ) Addition

FEDER, PAT BRONSON, JO Name: Name: 8883 LAKE PARK CIRCLE S 8112 NW 93RD AVE Address: Address: City-St-Zip: **DAVIE, FL 33328** City-St-Zip: TAMARAC, FL 33321

Title: () Delete Title: () Change () Addition

STEPHENS, ELINOR Name: Name: Address: 2900 NE 14TH ST APT 811 Address: POMPANO BEACH, FL 33068 City-St-Zip: 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: ELINOR STEPHENS TD 04/25/2008