

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706492

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: HOLY CROSS HOSPITAL AUXILIARY, INC.

## Current Principal Place of Business:

4725 N FEDERAL HIGHWAY  
FT LAUDERDALE, FL 33308

## New Principal Place of Business:

## Current Mailing Address:

4725 N FEDERAL HIGHWAY  
FT LAUDERDALE, FL 33308

## New Mailing Address:

FEI Number: 59-0843392

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DEHN, MARIE  
Address: 1110 SE 7TH AVENUE  
City-St-Zip: POMPANNO BEACH, FL 33060

Title: RS ( ) Delete  
Name: DI PHILLIPS, ELIZABETH  
Address: 305 N POMPANNO BEACH BLVD #506  
City-St-Zip: POMPANNO BEACH, FL 33062

Title: 1VP ( ) Delete  
Name: HOLZWORTH, MAXINE  
Address: 5760 NE 18TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: 2VP ( ) Delete  
Name: FEDER, PAT  
Address: 8883 LAKE PARK CIRCLE S  
City-St-Zip: DAVIE, FL 33328

Title: 3VP ( ) Delete  
Name: BRONSON, JO  
Address: 8112 NW 93RD AVE  
City-St-Zip: TAMARAC, FL 33321

Title: TD ( ) Delete  
Name: STEPHENS, ELINOR  
Address: 2900 NE 14TH ST APT 811  
City-St-Zip: POMPANNO BEACH, FL 33068

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FEDER, PAT  
Address: 8882 LAKE PARK CIRCLE, S.  
City-St-Zip: DAVIE, FL 33328

Title: RS (X) Change ( ) Addition  
Name: CERRITO, DEBBIE  
Address: 146 SW 101 WAY  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: 1VP (X) Change ( ) Addition  
Name: GRAFF, MARYJANE  
Address: 2500 NE 48TH LANE #502  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: 2VP (X) Change ( ) Addition  
Name: HOLZWORTH, MAXINE  
Address: 5760 NE 18TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33334

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: ELINOR STEPHENS

TD

03/24/2009

Electronic Signature of Signing Officer or Director

Date