

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706492

FILED
Feb 09, 2010
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
Name: FEDER, PAT
Address: 8882 LAKE PARK CIRCLE, S.
City-St-Zip: DAVIE, FL 33328

Title: 1VP
Name: CERRITO, DEBBIE
Address: 146 SW 101 WAY
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S
Name: LAMB, CHERYL
Address: 2701 OAK TREE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33309

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

Title: 3VP
Name: DOYLE, JOAN
Address: 2701 N OCEAN BLVD. #5
City-St-Zip: FT LAUDERDALE, FL 33308

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

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: ELINOR STEPHENS

TD

02/09/2010

Electronic Signature of Signing Officer or Director

Date