Applied For

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400001123

1. Corporation Name

HOLY CROSS SUBSIDIZED RETIREMENT HOUSING CENTER.

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

1591 KIRK RD.

1591 KIRK RD.

WEST PALM BEACH FL 33406

2. Principal Place of Business

Suite, Apt. #, etc.

WEST PALM BEACH FL 33406

May 27, 1999 8:00 am secretary of State

05-27-1999 90003 040 ****70.00

3. Date incorporated or Qualifed

03/04/1994

4. FEI Number

22		27				65-0/349//			Not	Applicable
City & Sta	te	City & State	•			5. Certifcate of Sta	tus Desired	\mathbf{X}	\$8.75 A	
23		28				- Cortinadio di Ote			Fee Rec	quired
Zip	Country	Zip	·	Country		6. Election Campa	•	П	\$5.00	•
4		29	3	0		Trust Fund Con			Added to	Fees
	9. Name and Address of Current R	egistered Agent				10. Name and Add	ress of New Re	gistered Ag	ent	
				81	Name					
BREZNEN	I, REV. MICHAEL A	82	Street Add	ess (P.O. Box Number	is Not Acceptab	le)				
9311 YEA										
LAKE WO	ORTH FL 33467	83								
		84	City				85 Zip C	ode		
								<u>FL_</u> _		
11. Pursuant	to the provisions of Sections 617.0502 a registered agent, or both, in the State of F	nd 617.1508, Flor	rida Statutes	, the above	e-named corp	oration submits this sta	tement for the pi	urpose of chi the appoint n	anging its rec	egistered istered
agent. I a	am familiar with, and accept the obligation	s of, Section 617	.0503, Florid	la Statutes.	uio corporas	on a board or aircolore.	. Holoby decope			
SIGNATURE	,				_					
	Signature, typed or printed name of registered agent an		(NOTE: R		t signature require	d when reinstating) ADDITIONS/CHA	NGES TO OFFI	CERS AND	DIRECTO	2S IN 12
12.	OFFICERS AND I		NE F	13.		ADDITIONS/CHA	INGES TO OFFI		Change	Addition
TITLE	DP		DELETE	1.1 TITLE				L	Jonarige	
NAME	BREZNEN, REV. MICHAEL			1.2 NAME						
STREET ADDRESS				1.3 STREET						
CITY-ST-ZIP	LAKE WORTH FL 33467			1.4 CITY-ST	-ZIP				Change	Additio
TITLE	DV	ا لِيا	DELETE	2.1 TITLE				L	_l c⊪ange	L. Addition
NAME	COUGHLIN, JOHN			2.2 NAME						
STREET ADDRESS		T. 101		2.3 STREET	ADDRESS					
CITY-ST-ZIP	LAKE WORTH FL 33467		,	2.4 CITY-S	T- ZIP				Change	[] Addition
TITLE	DT		DELETE	3.1 TITLE				L	_ change	
NAME	HOFFER, RANDAL			3.2 NAME						
STREET ADDRESS				3.3 STREET	ADDRESS					
CITY-ST-ZIP	PALM SPRINGS FL 33461			3.4. CITY-S	T-ZIP				7 Channe	☐ Additio
TITLE	DS		DELETE	4.1 TITLE				ı] Change	☐ Addigo
NAME	GUINN, MARIE			4.2 NAME						
STREET ADDRESS				4.3 STREET	1					
CITY-ST-ZIP	LAKE WORTH FL 33463			4.4 CITY-ST	r-zi p	 		-	7.05	E Addition
TITLE	D		DELETE	5.1 TITLE				L	Change	Addition
NAME	RICHTER, MARTY			5.2 NAME						
STREET ADDRESS	2915 APT. B, ASHLEY DRIVE WES	ST		5.3 STREET						
CITY-ST-ZIP	WEST PALM BEACH FL 33415			5.4 CITY- ST	r-ziP			 -	7.01	FT A 24°C-
TITLE	Ĭ		DELETE	6.1 TITLE	{			Ĺ] Change	Addition
NAME				6.2 NAME						
STREET ADDRESS			,	6.3 STREET						
CITY-ST-7IP	\$			6.4 CITY-ST	r-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other likes impowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR