

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001123

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** HOLY CROSS SUBSIDIZED RETIREMENT HOUSING CENTER, INC.

**Current Principal Place of Business:**

1591 KIRK RD.  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

1591 KIRK RD.  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

**FEI Number:** 65-0734977

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AHO, JOHN D  
4649 KOKOMO DRIVE  
LAKE WORTH, FL 33463 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: D  
Name: BREZNEN, REV. MICHAEL  
Address: 9311 YEARLING  
City-St-Zip: LAKE WORTH, FL 33467

Title: TD  
Name: AHO, JOHN D  
Address: 4649 KOKOMO DR  
City-St-Zip: LAKE WORTH, FL 33463

Title: SD  
Name: HANSEN, DORIS  
Address: 2357 CAROMA LANE  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: PD  
Name: EMCH, ROBERT  
Address: 100 VILLAGE GREEN CIRCLE E  
City-St-Zip: PALM SPRINGS, FL 33461

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: JOHN D AHO

TD

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date