

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000006515

1. Entity Name
HOLY CROSS PARISH, INC.



Principal Place of Business
**1902 SW 19TH STREET
BOYNTON BEACH, FL 33426**

Mailing Address
**1902 SW 19TH STREET
BOYNTON BEACH, FL 33426**



01102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0793841

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**BUDREW, JACK REV.
1902 SW 19TH STREET
BOYNTON BEACH, FL 33426**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000783520
01/16/08-00013-012 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PADAKIS, GARY R
STREET ADDRESS	1902 SW 19TH STREET
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	STD
NAME	BUDREW, JACK REV
STREET ADDRESS	1902 SW 19TH STREET
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	VD
NAME	BIANCHINI, JOANN
STREET ADDRESS	1902 SW 19TH STREET
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GARY R. PADAKIS **GARY R. PADAKIS** 10 JAN '08 305 949 0417