FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB 16 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **726889** **(9)**

1. Corporation Name
HOLY CROSS EPISCOPAL CHURCH, INC.

Principal Place of Business	Mailing Address
121 NE 36TH STREET MIAMI FL 33137	121 NE 36TH STREET MIAMI FL 33137

3. Date Incorporated or Qualified: 07/06/1973
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-0806966 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

RESTREPO, MIGUEL A
121 NE 36TH STREET
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name: Rev. Miguel A. Restrepo
82 Street Address (P.O. Box Number is Not Acceptable): 14367 SW 96 Lane
83
84 City: Miami FL 85 Zip Code: 33186

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Rev. Miguel A. Restrepo, Rector, 2-10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, LUZ	1.2 NAME	
STREET ADDRESS	596 NW 108TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33168	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	TOVAR, GUSTAVO	2.2 NAME	
STREET ADDRESS	1758 W. FLAGLER STREET	2.3 STREET ADDRESS	T.S. 2/16/95
CITY-ST-ZIP	MIAMI FL 33135	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ, ZENIA	3.2 NAME	
STREET ADDRESS	4532 SW 143RD COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ, ZENIALY	4.2 NAME	
STREET ADDRESS	4532 SW 143RD COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	RESTREPO, MIGUEL A	5.2 NAME	
STREET ADDRESS	121 NE 36TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DE LEON, CARMELO	6.2 NAME	
STREET ADDRESS	211 NW 35TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Rev. Miguel A. Restrepo, Rector, 2-10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007689