

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 726889 (9)

1. Corporation Name
HOLY CROSS EPISCOPAL CHURCH, INC.



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

3. Date Incorporated or Qualified 07/06/1973	3a. Date of Last Report 02/16/1995
4. FEI Number 59-0806966	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent RESTREPO, MIGUEL A REV 14367 SW 96 LANE MIAMI FL 33137		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Rev. Miguel A. Restrepo, Rector *Miguel Restrepo* January 22, 1996
Signature (typed or printed name of registered agent and filer's application) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD 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	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD TOVAR, GUSTAVO	2.2 NAME
STREET ADDRESS	1758 W. FLAGLER STREET	2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33135	2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD 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	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD 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	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D 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	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D DE LEON, CARMELO	6.2 NAME
STREET ADDRESS	260 NW 34th Terrace	6.3 STREET ADDRESS
CITY-ST-ZIP	Miami, FL. 33137	6.4 CITY-ST-ZIP

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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 January 22, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)

Handwritten initials and date: 2-19-96