
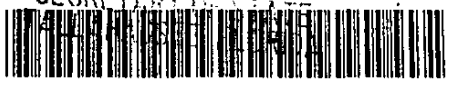
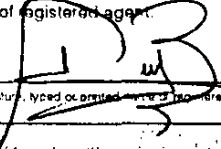
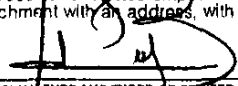


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 726889 1. Entity Name HOLY CROSS EPISCOPAL CHURCH, INC.			FILED 07 APR 26 PM 4:24 SECRETARY OF STATE  04/03/07 90014 002 \$70.00 1st MOORE CR2E037 (10/06)
Principal Place of Business 121 NE 36TH STREET MIAMI FL 33137		Mailing Address P.O. BOX 370748 MIAMI FL 33137	
2. Principal Place of Business - No P.O. Box # 3635 NE 1 Av. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Miami FL		City & State _____	
Zip 33137		Country FL	
4. FEI Number 59-0806966		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LENNEL, JOSE O REV 121 NE 36 ST MIAMI FL 33137		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) N/A City FL Zip Code	
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:  DATE: 3/21/07 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROZNAK, WAYNE 9412 NE 146 STREET NORTH MIAMI FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MORALES, EDGARD 14555 N MIAMI AVENUE MIAMI FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORTEZ, JOSE L REV 8422 NW 140 TERRACE #3608 MIAMI LAKES FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		Date: 3/21/07 Daytime Phone #: (305) 576-0852	