


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90145 004 ****61.25

DOCUMENT # 726889
1. Entity Name
HOLY CROSS EPISCOPAL CHURCH, INC.



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
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

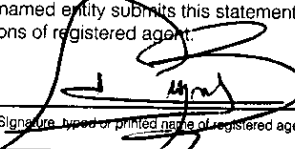
6. Name and Address of Current Registered Agent
**PEREZ, ZENIA
10903 W BROWARD BLVD
PLANTATION FL 33324**

4. FEI Number **59-0806966** Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name **Rev. Jose Leonel Ortez**
Street Address (P.O. Box Number is Not Acceptable)
121 N.E. 36 Street
City **Miami** FL Zip Code **33137**

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  **Rev. Jose Leonel Ortez** 2-9-2003
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State


10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARGUETA, CARLOS	
STREET ADDRESS	750 NE 168 STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33162	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROMAN, MARCIAL	
STREET ADDRESS	104 NW 35 ST	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, ZENIALY	
STREET ADDRESS	10903 W BROWARD BLVD	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, ERASMO	
STREET ADDRESS	811 NW 24 COURT	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, ZENIA R	
STREET ADDRESS	10903 W BROWARD BLVD	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Verdial, Iris	
STREET ADDRESS	1901 NW S. River Drive #29	
CITY-ST-ZIP	Miami, FL 33125	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ortez, Rev. Jose Leonel	
STREET ADDRESS	121 N.E. 36 Street	
CITY-ST-ZIP	Miami, FL 33137	
TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edwin Rodriguez	
STREET ADDRESS	685 W. Park Drive #202	
CITY-ST-ZIP	Miami, FL 33172	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maria Luisa Tovar	
STREET ADDRESS	1527 S.W. 20 Avenue	
CITY-ST-ZIP	Miami, FL 33145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED**  **Rev. Jose Leonel Ortez 2-9-2003** 305-576-0852

CR2E037 (10/02)