


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 751076 1. Entity Name THE SOUTHEAST REGIONAL OFFICE FOR HISPANIC MINISTRY, INC.		
Principal Place of Business 7700 S.W. 56 STREET MIAMI, FL 33155 US	Mailing Address 7700 SW 56TH STREET MIAMI, FL 33155 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FITZGERALD, J. PATRICK ESQ. 338 MINORCA AVE CORAL GABLES, FL 33134		
DO NOT WRITE 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 08a if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000077631 03/05/04-80051-004 70.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VIZCAINO, MARIO 7700 SW 56TH ST. MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LIPSCOMB, OSCAR H. 400 GOVERNMENT ST. MOBILE, AL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FAVALORA, JOHN C. 9401 BISCAYNE BLVD MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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: <i>Rev. Martin Vazquez Sen. P.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-1-04 305-279-2333 Date Daytime Phone #



02242004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1891177	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	