

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726889

**Entity Name:** SANTA CRUZ - RESURRECTION EPISCOPAL CHURCH, INC.

**FILED**  
**Apr 06, 2017**  
**Secretary of State**  
**CC3968651923**

**Current Principal Place of Business:**

11173 GRIFFING BLVD  
BISCAYNE PARK, FL 33161

**Current Mailing Address:**

11173 GRIFFING BLVD  
BISCAYNE PARK, FL 33161 US

**FEI Number: 59-0806966**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ORTEZ, JOSE L REV  
11173 GRIFFING BLVD  
BISCAYNE PARK, FL 33161 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           ZAPATA, SUSIE  
Address        6024 SW 8 ST  
City-State-Zip: MIAMI FL 33142

Title           D  
Name           MORALES, FELIPE E.  
Address        14555 N MIAMI AVENUE  
City-State-Zip: MIAMI FL 33168

Title           PD  
Name           ORTEZ, JOSE L  
Address        11173 GRIFFING BLVD  
City-State-Zip: BISCAYNE PARK FL 33161

Title           VD  
Name           FLOYD, CHARLOTTE  
Address        14401 SW 30 COURT  
City-State-Zip: DAVIE FL 33330

Title           MEMBER  
Name           DEGRAFF, BRENDA  
Address        140 NE 105 ST  
City-State-Zip: MIAMI SHORES FL 33138

Title           VP  
Name           DUARTE, ELISEO  
Address        170 NW 49 ST.  
City-State-Zip: MIAMI FL 33127

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOSE LEONEL ORTEZ**

**PRESIDENT**

**04/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date