


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 751076
 1. Entity Name
THE SOUTHEAST REGIONAL OFFICE FOR HISPANIC MINISTRY, INC.



Principal Place of Business Mailing Address
7700 S.W. 56 STREET **7700 SW 56TH STREET**
MIAMI, FL 33155 US **MIAMI, FL 33155 US**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
59-1891177 Not Applicable

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

6. Name and Address of Current Registered Agent
FITZGERALD, J. PATRICK ESQ.
338 MINORCA AVE
CORAL GABLES, FL 33134

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO 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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/11/06-80047-002 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Rev. Mario Vizcaino, Sch.P. 3-20-06 305-279-2335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Rev. Mario Vizcaino, Sch.P.