2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Mar 08, 2007 08:00 AM Secretary of State

DOCUMENT # N35703

1. Entity Name

SEPI EVANGELIZATION AND EDUCATION FOUNDATION INC.



Principal Place of Business-

7700 SW 56TH ST MIAMI, FL 33155 Mailing Address

7700 SW 56TH ST MIAMI, FL 3315



02272007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0199801 Applied For Not Applicable

5. Certificate of Status Desired

150

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIZCAINO, MARIO 7700 SW 56TH ST MIAMI, FL 3315

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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 tit	e if applicable. (NOTE: Registered	Agent signaturi	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financ Trust Fund Contribution.		\$5.00 May Be Added to Fees	, 10 mm
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADORESS CITY-ST-ZIP	VD FRIEND, WILLIAM B. 2500 LINE AVENUE SHREVEPORT, LA				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VIIZCAINO, MARIO 7700 S.W. 56TH ST. MIAMI, FL 33155				03/20/07-80001-018 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIPSCOMB, OSCAR H. 400 GOVERNMENT STREET MOBILE, AL		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAVALORA, JOHN C. 9401 BISCAYNE BLVD MIAMI SHORES, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby 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 eath; that I am an officer or director					

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 if 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 AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

REV. MARIO VIZCAINO, Sch. P.

3-5-07

305-279-2333

Daytime Phone #