

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751076

Entity Name: THE SOUTHEAST REGIONAL OFFICE FOR HISPANIC MINISTRY, INC.

FILED
Feb 11, 2015
Secretary of State
CC4179362917

Current Principal Place of Business:

7700 S.W. 56 STREET
MIAMI, FL 33155

Current Mailing Address:

7700 S.W. 56 STREET
MIAMI, FL 33155 US

FEI Number: 59-1891177

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FITZGERALD, J. PATRICK ESQ.
110 MERRICK WAY
SUITE 3-B
CORAL GABLES, FL 33134 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 | SD | Title | VD |
| Name | CAPO, RAFAEL REV. | Name | KURTZ, JOSEPH RE |
| Address | 7700 SW 56TH STREET | Address | 212 EAST COLLEGE ST |
| City-State-Zip: | MIAMI FL 33155 | City-State-Zip: | LOUISVILLE KY 40203 |
| | | | |
| Title | PD | Title | TD |
| Name | WENSKI, THOMAS GREV. | Name | RODI, THOMAS JMOST RE |
| Address | 9401 BISCAYNE BOULEVARD | Address | 400 GOVERNMENT ST |
| City-State-Zip: | MIAMI SHORES FL 33138 | City-State-Zip: | MOBILE AL 36633 |

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: REV. RAFAEL CAPO

DIRECTOR

02/11/2015

Electronic Signature of Signing Officer/Director Detail

Date