

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751076

**FILED**  
**Feb 16, 2018**  
**Secretary of State**  
**CC7961899590**

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

**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            PRESIDENT  
Name            WENSKI, THOMAS ARCHBP.  
Address        9401 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI SHORES FL 33138

Title            VP  
Name            KURTZ, JOSEPH ARCHBP.  
Address        3940 POPLAR LEVEL ROAD  
City-State-Zip: LOUISVILLE KY 40213

Title            TREASURER  
Name            RODI, THOMAS ARCHBP.  
Address        400 GOVERNMENT STREET  
City-State-Zip: MOBILE AL 36602

Title            SD  
Name            CAPO, RAFAEL REV.  
Address        7700 SW 56TH STREET  
City-State-Zip: MIAMI FL 33155

*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**

**02/16/2018**

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

\_\_\_\_\_  
Date