

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Feb 20 1996 8:00 am  
Secretary of State

**DOCUMENT # 762359 (8)**

1. Corporation Name  
**ST. FAITH'S EPISCOPAL CHURCH, INC.**



Principal Place of Business	Mailing Address
10600 CARIBBEAN BLVD 10600 CARIBBEAN BLVD. MIAMI FL 33189	10600 CARIBBEAN BLVD 10600 CARIBBEAN BLVD. MIAMI FL 33189

3. Date Incorporated or Qualified <b>03/09/1982</b>	3a. Date of Last Report <b>05/01/1995</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-0917281</b>	Applied For <input type="checkbox"/>
21	26		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23	28		
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**VERELL, GARY A**  
**10600 CARIBBEAN BLVD.**  
**MIAMI FL 33189**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINDSAY, ELLA</b>	1.2 NAME	
STREET ADDRESS	<b>7405 S.W. 126TH ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LORENTZ, MRS. P</b>	2.2 NAME	
STREET ADDRESS	<b>10180 S.W. 198TH ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>JR. WAEDEN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KITCHENS, KENNETH</b>	3.2 NAME	<b>MICHAEL ANDERSON</b>
STREET ADDRESS	<b>10460 CARIBBEAN BLVD.</b>	3.3 STREET ADDRESS	<b>8077 SW 238 STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33189</b>	3.4 CITY-ST-ZIP	<b>HOMESTEAD, FL 33031</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAETY, LES</b>	4.2 NAME	
STREET ADDRESS	<b>15300 S.W. 83 AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>CLERK OF THE VESTRY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PIERSOL, CHRISTINE MRS.</b>	5.2 NAME	<b>MRS. MARCEA PAUL</b>
STREET ADDRESS	<b>17225 S.W. 83RD COURT</b>	5.3 STREET ADDRESS	<b>8688 FRANTO ROAD S.W.</b>
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	5.4 CITY-ST-ZIP	<b>MIAMI, FL 33189</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONTELEONE, JOHN</b>	6.2 NAME	
STREET ADDRESS	<b>29471 S.W. 193 COURT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE: Gary A. Verell, Rector. 2/1/96 (305)235-3621  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)