

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION, ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **762359** (8)
1. Corporation Name
ST. FAITH'S EPISCOPAL CHURCH, INC.



Principal Place of Business 10600 CARIBBEAN BLVD 10600 CARIBBEAN BLVD. MIAMI FL 33189	Mailing Address 10600 CARIBBEAN BLVD 10600 CARIBBEAN BLVD. MIAMI FL 33189-1361
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/09/1982	3a. Date of Last Report 02/20/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-0917281	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	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	FL
	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDSAY, ELLA	1.2 NAME	CLERK OF THE VESTRY
STREET ADDRESS	7405 S.W. 126TH ST.	1.3 STREET ADDRESS	BILL WILSON
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	1746 S. CURTAIN LANE
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORENTZ, MRS. P	2.2 NAME	VESTRY MEMBER
STREET ADDRESS	10180 S.W. 198TH ST.	2.3 STREET ADDRESS	MARION CHIN
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	20119 SW 123 DRIVE
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. SR. WARDEN	3.2 NAME	VESTRY MEMBER
STREET ADDRESS	ANDERSON, MICHAEL	3.3 STREET ADDRESS	JACK FIELDS
CITY-ST-ZIP	20871 SW 238TH STREET	3.4 CITY-ST-ZIP	9711 SW 190 ST.
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAETY, LES	4.2 NAME	VESTRY MEMBER
STREET ADDRESS	15300 S.W. 83 AVE.	4.3 STREET ADDRESS	MARY GAULDING
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	18632 SW 93 COURT
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL, MARCEA	5.2 NAME	
STREET ADDRESS	8633 FRANJO ROAD SW	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTELEONE, JOHN	6.2 NAME	
STREET ADDRESS	20471 S.W. 193 COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment to this address.

SIGNATURE: *[Signature]* 3-7-97

CR2E037 (9/96)