

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90122 011 ****61.25

DOCUMENT # 762359

1. Entity 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 33189-1361

00011330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0917281**

Applied For:
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIERSOL, JAMES
10600 CARIBBEAN BLVD
MIAMI FL 33189

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
JW	WARDEN, ROBERT	18605 SW 80TH AVE	MIAMI FL 33158	<input checked="" type="checkbox"/>	JUNIOR WARDEN	ROBERT SMITH	13605 SW 80TH AVE.	MIAMI, FL 33158	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	CHIN, MARION	20119 SW 123 DR	MIAMI FL	<input checked="" type="checkbox"/>	TREASURER	WALTER ZAHN	11286 SW 169TH ST.	MIAMI, FL 33157	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	BAETY, SUE	15300 SW 83 AVE	MIAMI FL 33157	<input type="checkbox"/>	T	ROY LORENTZ	10180 SW 198 STREET	MIAMI, FL 33157	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	FIELDS, JACK	9711 SW 190 ST	MIAMI FL	<input checked="" type="checkbox"/>	T	CHRISTOPHER ROSE	21808 SW 98 PLACE	MIAMI, FL 33190	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	WALDMAN, HELEN	5422 SW 163 TERRACE	MIAMI FL 33157	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	GAULDING, MARY	18632 SW 93 CT	MIAMI FL	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert J. Smith* **ROBERT J. SMITH** 1/11/2000 (305) 235-3621
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #