

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90332 041 ****61.25

0085391

DOCUMENT # 762359

1. Entity 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

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

PIERSOL, JAMES
10600 CARIBBEAN BLVD
MIAMI FL 33189

7. Name and Address of New Registered Agent

Name

JOHN CANNON

Street Address (P.O. Box Number is Not Acceptable)

26515 S.W. 173 COURT

City

HOMESTEAD

FL

Zip Code

33031

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

John Cannon

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JW SMITH, ROBERT 13605 SW 80TH AVE MIAMI FL 33158	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZAHN, WALTER 11286 SW 169TH ST MIAMI FL 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAETY, SUE 15300 SW 83 AVE MIAMI FL 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LORENTZ, ROY 10180 SW 198 STREET MIAMI FL 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALDMAN, HELEN 5422 SW 163 TERRACE MIAMI FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSE, CHRISTOPHER 21808 SW 98 PLACE MIAMI FL 33190	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN ROY LORENTZ 10180 SW 198 STREET MIAMI, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER EILEEN ANWARANGA 7831 SW 197 TERRACE MIAMI, FL 33169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VESTRY MEMBER DEBRA CLARK 23945 SW 147 AVENUE HOMESTEAD, FL 33032	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VESTRY MEMBER DAUNA DONATO 13261 SW 112 TERRACE MIAMI, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLERK OF THE VESTRY GLORIA R. NORMANN 2609 S.E. 19TH COURT HOMESTEAD, FL 33035	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Gloria R. Normann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLERK OF THE VESTRY

2/16/01

305-235-3624

Daytime Phone #

CR2E037 (10/00)