

**2002 UNIFORM BUSINESS REPORT (UBR)**

1/16

**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90269 004 \*\*\*\*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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-0917281**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CANNON, JOHN~~  
 28515 SW 173 COURT  
 HOMESTEAD FL 33031

Name **THE REV. DONALD P. SULLIVAN**

Street Address (P.O. Box Number is Not Acceptable)  
**19441 WHISPERING PINES ROAD**

City **MIAMI**

**FL**

Zip Code  
**33157**

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

*Donald P. Sullivan*

**RECTOR**

**1/9/02**

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	<b>JW LORENTZ, ROY</b> <b>10180 SW 188 ST</b> <b>MIAMI FL 33157</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ALVARANGA, EILEEN</b> <b>7831 SW 197 TERR</b> <b>MIAMI FL 33189</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VM CLARK, DEBRA</b> <b>23945 SW 147 AVE</b> <b>HOMESTEAD FL 33032</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DONATO, DAUNA</b> <b>13261 SW 112 TERR</b> <b>MIAMI FL 33186</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WALDMAN, HELEN</b> <b>5422 SW 163 TERRACE</b> <b>MIAMI FL 33157</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T NORMANN, GLORIA R</b> <b>2609 SE 19TH CT</b> <b>HOMESTEAD FL 33035</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VESTRY MEMBER</b> <b>JOHN ROBINSON</b> <b>17270 SW 298 STREET</b> <b>HOMESTEAD, FL 33030</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CLERK OF THE VESTRY</b>	<input checked="" type="checkbox"/> Change <input 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*, **GLORIA R. NORMANN, CLERK OF THE VESTRY, 1/9/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-235-3621

CR2E037 (9/01)