


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90071 031 ****61.25

DOCUMENT # 762359 1. Entity Name ST. FAITH'S EPISCOPAL CHURCH, INC.	
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Principal Place of Business 10600 CARIBBEAN BLVD 10600 CARIBBEAN BLVD. MIAMI FL 33189	Mailing Address 10600 CARIBBEAN BLVD 10600 CARIBBEAN BLVD. MIAMI FL 33189
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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MOORE CR2E037 (11/03)

4. FEI Number 59-0917281	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SULLIVAN, DONALD P REV 19441 WHISPERING PINES ROAD MIAMI FL 33157	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW - FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAETY, ULYSSES <input checked="" type="checkbox"/> Delete 15300 SW 83RD AVE MIAMI FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete ALVARANGA, EILEEN 7831 SW 197 TERR MIAMI FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VMT <input checked="" type="checkbox"/> Delete CLARK, DEBRA 23945 SW 147 AVE HOMESTEAD FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete DONATO, DAUNA 13261 SW 112 TERR MIAMI FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VMD <input type="checkbox"/> Delete ROBINSON, JOHN 17270 SW 298TH STREET HOMESTEAD FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV <input type="checkbox"/> Delete NORMANN, GLORIA R 2609 SE 19TH CT HOMESTEAD FL 33035

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARCIA HITCHINS 17160 SW 94 AVE, # 605 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PATRICIA WHIPPLE 10330 SW 199 STREET MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANDREW HORENTZ 16180 SW 198 STREET MIAMI, FL 33157
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

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: *x [Signature]* **DONALD SULLIVAN** 3/30/04 305-235-3621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #