


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 06, 2007 8:00 am**  
**Secretary of State**

07-06-2007 90020 040 \*\*\*\*61.25

<b>DOCUMENT # 762359</b> 1. Entity Name <b>ST. FAITH'S EPISCOPAL CHURCH, INC.</b>	
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Principal Place of Business <b>10600 CARIBBEAN BLVD 10600 CARIBBEAN BLVD. MIAMI FL 33189</b>	Mailing Address <b>10600 CARIBBEAN BLVD 10600 CARIBBEAN BLVD. MIAMI FL 33189</b>
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1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>SULLIVAN, DONALD P REV 19441 WHISPERING PINES ROAD MIAMI FL 33157</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> 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. 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, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	T <input type="checkbox"/> Delete
NAME	ROBINSON, JOHN MR
STREET ADDRESS	17270 SW 298TH ST
CITY - ST - ZIP	HOMESTEAD FL 33030
TITLE	TD <input type="checkbox"/> Delete
NAME	ALVARANGA, EILEEN
STREET ADDRESS	7831 SW 197 TERR
CITY - ST - ZIP	MIAMI FL 33189
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	WHIPPLE, PATRICIA
STREET ADDRESS	10330 SW 199 ST.
CITY - ST - ZIP	MIAMI FL 33157
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	KOTLOWSKI, NANCY MRS
STREET ADDRESS	21308 SW 87TH PLACE
CITY - ST - ZIP	MIAMI FL 33189
TITLE	T <input type="checkbox"/> Delete
NAME	BRANCH, STEPHEN
STREET ADDRESS	20635 LEEWARD LANE
CITY - ST - ZIP	MIAMI FL 33189
TITLE	CV <input type="checkbox"/> Delete
NAME	NORMANN, GLORIA R
STREET ADDRESS	2609 SE 19TH CT
CITY - ST - ZIP	HOMESTEAD FL 33035

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VESTRY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELAINE DINGLEY
STREET ADDRESS	9931 SW 195 STREET
CITY - ST - ZIP	MIAMI, FL 33157
TITLE	VESTRY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSH BULLOCK
STREET ADDRESS	9309 SW 218 TERRACE
CITY - ST - ZIP	MIAMI, FL 33190
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Donald P Sullivan 6/28/07 305-235-3621

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