


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90006 046 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0917281	
Zip	Country	Zip	Country	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 THE REV. JENNIE LOU D. REID Street Address (P.O. Box Number is Not Acceptable) 5690 N. RENDALL DRIVE CORAL GABLES, FL. 33156 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Jennie Lou D. Reid</i>			DATE Feb. 11, 2008		
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, JOHN MR 17270 SW 298TH ST HOMESTEAD FL 33030	<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	TD ALVARANGA, EILEEN 7831 SW 197 TERR MIAMI FL 33189	<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	V DINGLEY, ELAINE 9931 SW 195 ST MIAMI FL 33157	<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	V BULLOCK, JOSH 9309 SW 212 TERRACE MIAMI FL 33190	<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	T BRANCH, STEPHEN 20635 LEEWARD LANE MIAMI FL 33189	<input checked="" type="checkbox"/> Delete	TITLE V NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VESTRY MS. MARCEA PAUL 24861 SW 126 PATH PRINCETON, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV NORMANN, GLORIA R 2609 SE 19TH CT HOMESTEAD FL 33035	<input type="checkbox"/> Delete	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 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: *Gloria R. Norman* 2/11/08 305-235-3626