

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762359

**Entity Name:** ST. FAITH'S EPISCOPAL CHURCH, INC.

**FILED**  
**Mar 13, 2014**  
**Secretary of State**  
**CC7894024491**

**Current Principal Place of Business:**

10600 CARIBBEAN BLVD  
10600 CARIBBEAN BLVD.  
MIAMI, FL 33189

**Current Mailing Address:**

10600 CARIBBEAN BLVD  
10600 CARIBBEAN BLVD.  
MIAMI, FL 33189

**FEI Number: 59-0917281**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REID, JENNIE LOU DTHE REV  
3840 ALHAMBRA ROAD  
CORAL GABLES, FL 33134 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TREA  
Name ALVARANGA, EILEEN MRS  
Address 7831 SW 197 TERRACE  
City-State-Zip: CUTLER BAY FL 33189

Title V  
Name TILCIA, BRANCH  
Address 14548 SW 158 PATH  
City-State-Zip: MIAMI FL 33196

Title V  
Name EPIE, ORTIZ MR  
Address 10471 SW 216 STREET, # 201  
City-State-Zip: CUTLER BAY FL 33190

Title SRW  
Name SHAWN, JONES MR  
Address 13863 SW 274TH TERRACE  
City-State-Zip: HOMESTEAD FL 33032

Title V  
Name FRYE, CHARLES MR  
Address 9951 DOMINICAN DRIVE  
City-State-Zip: MIAMI FL 33189

Title OTHER, AUTHORIZED SIGNATORY  
Name NORMANN, GLORIA R  
Address 2609 SE 19TH CT  
City-State-Zip: HOMESTEAD FL 33035

Title CV  
Name EDWARDS-GOLDSMITH, JENNIFER MS  
Address 16411 SW 95 LANE  
City-State-Zip: MIAMI FL 33196

Title DEACON, PARISH ADMIN  
Name PAUL, MARCEA MS  
Address 10828 SW 240 LANE  
City-State-Zip: HOMESTEAD FL 33032

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARCEA PAUL**

**PARISH ADMINISTRATOR 03/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date