

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

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

Zip

Country

Zip

Country

4. FEI Number

59-0917281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, DONALD P REV
19441 WHISPERING PINES ROAD
MIAMI FL 33157

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

T ☐ Delete
NAME: ROBINSON, JOHN MR
STREET ADDRESS: 17270 SW 298TH ST
CITY-STATE-ZIP: HOMESTEAD FL 33030

TD ☐ Delete
NAME: ALVARANGA, EILEEN
STREET ADDRESS: 7831 SW 197 TERR
CITY-STATE-ZIP: MIAMI FL 33189

T ☒ Delete
NAME: WHIPPLE, PATRICIA
STREET ADDRESS: 10330 SW 199 ST.
CITY-STATE-ZIP: MIAMI FL 33157

T ☒ Delete
NAME: KOTLOWSKI, NANCY MRS
STREET ADDRESS: 21308 SW 87TH PLACE
CITY-STATE-ZIP: MIAMI FL 33189

T ☐ Delete
NAME: BRANCH, STEPHEN
STREET ADDRESS: 20635 LEEWARD LANE
CITY-STATE-ZIP: MIAMI FL 33189

CV ☐ Delete
NAME: NORMANN, GLORIA R
STREET ADDRESS: 2609 SE 19TH CT
CITY-STATE-ZIP: HOMESTEAD FL 33035

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

VESTRY ☐ Change ☒ Addition
NAME: ELAINE DINGLEY
STREET ADDRESS: 9931 SW 195 STREET
CITY-STATE-ZIP: MIAMI, FL 33157

VESTRY ☐ Change ☒ Addition
NAME: JOSH BULLOCK
STREET ADDRESS: 9309 SW 218 TERRACE
CITY-STATE-ZIP: MIAMI, FL 33190

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/07

Date

305-235-3621

Daytime Phone #