

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90033 042 ****61.25

DOCUMENT # N01000000144

1. Entity Name
**SOUTH FLORIDA INTERFAITH COMMITTEE FOR
WORKER JUSTICE, INC.**



Principal Place of Business
**150 SW 13TH AVENUE
MIAMI, FL 33135**

Mailing Address
**150 SW 13TH AVENUE
MIAMI, FL 33135**

60045609



07102008 Chg-NP CR2E037 (12/06)

4. FEI Number
01-0701501 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROSE-AVILA, MAGDALENO MR.
SOUTH FLORIDA INTERFAITH WORKER JUSTICE
150 SW 13TH AVENUE
MIAMI, FL 33135**

7. Name and Address of New Registered Agent

Name **JEANETTE E. SMITH**
Street Address (P.O. Box Number is Not Acceptable)
**SOUTH FLORIDA INTERFAITH WORKER JUSTICE
150 SW 13th AVE
City MIAMI FL Zip Code 33135**

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

/SECRETARY

7/16/08

**Filing Fee is \$61.25
Due by September 12, 2008**

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

TITLE **P** ☐ Delete
NAME **SCHIFF, SOLOMON RABBI**
STREET ADDRESS **4200 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI, FL 33137**

TITLE **S** ☒ Delete
NAME **MEDINA-HERNANDEZ, DANIEL REV.**
STREET ADDRESS **FCTS, 111 NE 1ST STREET, 7TH FLOOR**
CITY-ST-ZIP **MIAMI, FL 33132**

TITLE **VP** ☒ Delete
NAME **LILLIAN, REBECCA RABBI**
STREET ADDRESS **BETH OR, 11715 SW 87 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **T** ☒ Delete
NAME **STANTON, JOHN REV.**
STREET ADDRESS **TRINITY CATHEDRAL, 464 NE 16TH STREET**
CITY-ST-ZIP **MIAMI, FL 33132**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **JEANETTE E. SMITH**
STREET ADDRESS **BARTRAM HOUSE**
CITY-ST-ZIP **1205 SUNSET DR. SOUTH MIAMI, FL 33173**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **BENWICK BELL**
STREET ADDRESS **CHURCH OF OUR SAVIOR**
CITY-ST-ZIP **2011 S. FEDERAL HWY. BOYNTON BEACH, FL 33435**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Chapter 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:

Jeannette E. Smith 07-16-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #