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Mar 11 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000001972 (8)

1. Corporation Name

FAITH-IN-THE-CITY OF MIAMI, INC.



Principal Place of Business

Mailing Address

137 NE 19TH ST.  
MIAMI FL 33132137 NE 19TH ST.  
MIAMI FL 33132-10103. Date Incorporated or Qualified  
04/19/19943a. Date of Last Report  
03/28/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0493036

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OROVITZ, NORMA A  
137 NE 19TH ST.  
MIAMI FL 33132

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD  
NAME OROVITZ, NORMA A.  
STREET ADDRESS 137 NE 19TH STREET  
CITY-ST-ZIP MIAMI FL1.1 TITLE  
1.2 NAME OROVITZ, NORMA A.  
1.3 STREET ADDRESS 137 NE 19 ST.  
1.4 CITY-ST-ZIP MIAMI FL 33132TITLE D  
NAME KOWALSKI, JAY REV  
STREET ADDRESS 400 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 331322.1 TITLE  
2.2 NAME KOWALSKI, JAY REV  
2.3 STREET ADDRESS 400 BISCAYNE BLVD  
2.4 CITY-ST-ZIP MIAMI FL 33132TITLE STD  
NAME WHITE, JOHN REV.  
STREET ADDRESS 245 NW 8TH STREET  
CITY-ST-ZIP MIAMI FL3.1 TITLE  
3.2 NAME White, John Rev.  
3.3 STREET ADDRESS 245 NW 8th St.  
3.4 CITY-ST-ZIP MIAMI, FL 33136TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norma A. Orovitz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 3/6/97  
Daytime Phone # 751 8626

CFR2037 (9/96)