

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91023 001 \*\*\*\*70.00

**DOCUMENT # N94000001972**

1. Entity Name  
**FAITH-IN-THE-CITY OF MIAMI, INC.**



Principal Place of Business  
**137 NE 19TH ST.  
MIAMI, FL 33132**

Mailing Address  
**137 NE 19TH ST.  
MIAMI, FL 33132**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**65-0493036**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete  
NAME **SIMS, MARK REV**  
STREET ADDRESS **464 NE 16 ST**  
CITY-ST-ZIP **MIAMI, FL 33132**

TITLE **TD** ☒ Change ☐ Addition  
NAME **Adams, Aundray**  
STREET ADDRESS **336 NW 6th Street**  
CITY-ST-ZIP **Miami, FL 33128**

TITLE **VD** ☐ Delete  
NAME **HARDY, MARILYN**  
STREET ADDRESS **464 NE 16 ST**  
CITY-ST-ZIP **MIAMI, FL 33132**

TITLE **VD** ☒ Change ☐ Addition  
NAME **Porter, D. Steven**  
STREET ADDRESS **PO Box 013279**  
CITY-ST-ZIP **Miami FL 33101**

TITLE **VD** ☐ Delete  
NAME **KNAB, GEORGE**  
STREET ADDRESS **P.O. BOX 011901**  
CITY-ST-ZIP **MIAMI, FL 33101**

TITLE **VD** ☒ Change ☐ Addition  
NAME **Trapp, James**  
STREET ADDRESS **411 NE 21st Street**  
CITY-ST-ZIP **Miami FL 33137**

TITLE **SD** ☐ Delete  
NAME **OLDROYD, LESLIE**  
STREET ADDRESS **400 BISCAYNE BLVD**  
CITY-ST-ZIP **MIAMI, FL 33132**

TITLE **SD** ☒ Change ☐ Addition  
NAME **Wynn, Laquita**  
STREET ADDRESS **PO Box 013279**  
CITY-ST-ZIP **Miami FL 33101**

TITLE **PD** ☐ Delete  
NAME **HOWE, JIM**  
STREET ADDRESS **8200 DADELAND BLVD, #305**  
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Chefitz, Mitchell**  
STREET ADDRESS **137 NE 19th Street**  
CITY-ST-ZIP **Miami FL 33132**

TITLE ☐ Delete  
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04

Date

305-416-0435

Daytime Phone #

Laquita V. Wynn