

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

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



03022005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0493036

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ADAMS, AUNDRAY
336 NW 5TH STREET
MIAMI, FL 33128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PORTER, D. STEVEN
PO BOX 013279
MIAMI, FL 33101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
TRAPP, JAMES
411 NE 21ST STREET
MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WYNN, LAQUITA
PO BOX 013279
MIAMI, FL 33101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CHEFITS, MITCHELL
137 NE 19TH STREET
MIAMI, FL 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000253454
03/07/05-80033-020 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Aundray D. Adams 3/02/05

Date

Daytime Phone #