2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007
Secretary of State

DOCUMENT# N94000001972

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

Current Principal Place of Business:

137 NE 19TH ST.
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

137 NE 19TH ST.
MIAMI, FL 33132

New Mailing Address:

FEI Number: 65-0493036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: PITTMAN, JASON
Address: PO BOX 01-3279
City-St-Zip: MIAMI, FL 33101

Title: VD ( ) Delete
Name: HOWE, JIM
Address: 150 SE 2ND AVENUE, SUITE 411
City-St-Zip: MIAMI, FL 33131

Title: SD ( ) Delete
Name: BURKE, JAMES
Address: 301 NW 9TH STREET
City-St-Zip: MIAMI, FL 33136

Title: VD ( ) Delete
Name: CHEFITZ, MITCHELL
Address: 137 NE 19TH STREET
City-St-Zip: MIAMI, FL 33132

Title: PD ( ) Delete
Name: COX, JOHN T REV.
Address: 1301 NW 71ST STREET
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MITCHELL CHEFITZ VD 03/26/2007
Electronic Signature of Signing Officer or Director — Date