

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90137 041 ****70.00

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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**

64000159



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

FILE NOW: FEE IS \$61.25

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	VD	<input checked="" type="checkbox"/> Delete
NAME	MADDEN, THOMAS	
STREET ADDRESS	118 NE 2ND ST	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARDY, MARIYN	
STREET ADDRESS	245 NW 8TH ST	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, DELORES	
STREET ADDRESS	118 NE 2ND ST	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	SD OLDROYD	<input type="checkbox"/> Delete
NAME	OLDFORD, LESLIE	
STREET ADDRESS	400 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOWE, JIM	
STREET ADDRESS	8200 DADELAND BLVD, #305	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KELLEY, JOSEPH F	
STREET ADDRESS	118 NE 2ND ST	
CITY-ST-ZIP	MIAMI FL 33132	

TITLE	Rev. Mark Sims	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	464 NE 16 Street	
STREET ADDRESS	Miami, FL 33132	
CITY-ST-ZIP		
TITLE	MARILYN HARDY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	464 NE 16 Street	
STREET ADDRESS	Miami, FL 33132	
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Knab	
STREET ADDRESS	PO Box 011901	
CITY-ST-ZIP	Miami, FL 33101	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLDROYD, LESLIE	
STREET ADDRESS	400 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ZIP = 33156

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: Leslie Oldroyd LESLIE OLDROYD

01/09/03

(305)371-4706

CR2E037 (10/02)