

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49282

**Entity Name:** FAITH IN FLORIDA, INC.**Current Principal Place of Business:**406 E. AMELIA STREET  
ORLANDO, FL 32803**Current Mailing Address:**406 E. AMELIA STREET  
ORLANDO, FL 32803 US**FEI Number:** 59-3151613**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMAS, RHONDA  
406 E. AMELIA ST.  
ORLANDO, FL 32803 US*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:** RHONDA THOMAS

06/29/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MAYFIELD, ALPHONSO  
Address 2112 SOUTH CONGRESS AVENUE  
SUITE 205  
City-State-Zip: PALM SPRINGS FL 33406

Title SECRETARY  
Name ROSENBERG, JASON  
Address 2030 W FLETCHER AVE.  
City-State-Zip: TAMPA FL 33612

Title DIRECTOR  
Name MARANTES, JOSE L  
Address 1801 ROUSE RD  
City-State-Zip: ORLANDO FL 32817

Title TREASURER  
Name MCBRIDE, MICHAEL  
Address 21311 NW 34TH AVE  
City-State-Zip: MIAMI GARDENS FL 33056

Title DIRECTOR  
Name THOMPSON, GREGORY  
Address 12145 NW 27TH AVE.  
City-State-Zip: MIAMI FL 33167

Title CHAIRMAN  
Name MENINGALL, JENNIFER  
Address 8718 N 46TH ST  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name KIDWELL, JOSEPH  
Address 707 NORTH 7TH STREET  
City-State-Zip: FT. PIERCE FL 34950

Title DIRECTOR  
Name GEFFRARD, YVES  
Address 217 N US-1  
City-State-Zip: FT. PIERCE FL 34950

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*I hereby 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 all other like empowered.*

**SIGNATURE:** RHONDA THOMAS**EXECUTIVE DIRECTOR**

06/29/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	EXECUTIVE DIRECTOR
Name	THOMAS, RHONDA
Address	940 CALIPH ST
City-State-Zip:	OPA-LOCKA FL 33054