2001 UNIFORM BUSINESS REPORT (UBR)

May 24, 2001 8:00 am Secretary of State DOCUMENT # N00000004002 1. Entity Name 04-26-2001 90122 023 ****61.25 SOUTH BREVARD ARE INTER-FAITH SPONSORING COMMITT Principal Place of Business Mailing Address C/O HOLY NAME OF JESUS CATHOLIC CHURCH C/O HOLY NAME OF JESUS CATHOLIC CHURCH 3050 N HWY A1A 3050 N HWY A1A INDIALANTIC FL 32903 INDIALANTIC FL 32903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-3670512 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ROCHE, PATRICK F FRESE, NASH & HANSEN, P.A. 930 S HARBOR CITY BLVD, SUITE 505 Zip Code City FL **MELBOURNE FL 32901** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: tenistered Agent signature required when reinstating) 9. Election Campaign i inancing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. The Reverent David Page 3050 N 111 (2) Change ☐ Addition CR2E037 (10/00 TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS Indictalia, FL 32903 CITY-ST-ZIP CITY-ST-ZIP The feverent ☐ Defete TITLE 2 Change ☐ Addition Harvey Riley 2295 Alcan S. LE NAME MAME STREET ADDRESS STREET ADDRESS Palm Bay, FL 32905 CITY-ST-ZIP CITY-ST-ZIP The leverent ☐ Addition TITLE ☐ Delete TITLE Erich Hammy NAME NAME STREET ADDRESS 1391 Highland STREET ADDRESS 72902 Malbourne, FL CITY-ST-7tP CITY-ST-ZIP The LEVERNY (A) Change □ Delete TITLE ☐ Addition TITLE Marc Vance 50 as stransmitge Ave. NAME D STREET ADDRESS STREET ADDRESS phillourne, FL 32901 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 is a 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.

Marc Vance

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4.18.01

321-723-5272

4/21

FILED