

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004002

FILED
Apr 15, 2008
Secretary of State

Entity Name: SOUTH BREVARD ARE INTER-FAITH SPONSORING COMMITTEE, INC.

Current Principal Place of Business:

2950 N HARBOR CITY BLVD
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

2950 N HARBOR CITY BLVD
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-3670512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROCHE, PATRICK F
FRESE, NASH & HANSEN, P.A.
930 S HARBOR CITY BLVD, SUITE 505
MELBOURNE, FL 32901 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: T () Delete
Name: MCELWEE, MICHAEL
Address: 2950 N. HARBOR CITY BLVD.
City-St-Zip: MELBOURNE, FL 32935

Title: CC () Delete
Name: ANDERSON, W M REV
Address: 684 N HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32935

Title: CC () Delete
Name: HEFFNER, ROBERT REV
Address: 5310 BABCOCK ST NE
City-St-Zip: PALM BAY, FL 32905

Title: S () Delete
Name: GLEASON, NORMAN REV
Address: 2295 ADAMS ST N.E.
City-St-Zip: PALM BAY, FL 32905

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:

I hereby certify that the information supplied with this filing does not qualify 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: JANICE EVERSON

DIR

04/15/2008

Electronic Signature of Signing Officer or Director

Date