

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N33801**

1. Entity Name

CHRISTIAN LIFE CHURCH OF BREVARD INC.

Principal Place of Business

**4620 LIPSCOMB ST., N.E., STE 3
PALM BAY FL 32905**

Mailing Address

**4620 LIPSCOMB ST., N.E., STE 3
PALM BAY FL 32905**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**LAITE, LUTHER V III
4620 LIPSCOMB ST N.E.
PALM BAY FL 32905**

7. Name and Address of New Registered Agent

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TPD	☐ Delete
NAME	LAITE, LUTHER V III	
STREET ADDRESS	4620 LIPSCOMB ST., N.E.	
CITY - ST - ZIP	PALM BAY FL 32905	

TITLE	TDD	☐ Delete
NAME	LAITE, PATRICIA J	
STREET ADDRESS	4620 LIPSCOMB ST., N.E.	
CITY - ST - ZIP	PALM BAY FL 32905	

TITLE	TD	☐ Delete
NAME	MUNROE, AL	
STREET ADDRESS	2214 JOSHUA DR., N.E.	
CITY - ST - ZIP	PALM BAY FL 32905	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

SIGNATURE OF AL MUNROE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90179 002 ****61.25

00013299

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0179766

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

CH2E037 (10/00)