2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State
02-12-2002 90093 014 ****61.25

DOCUMENT # N33801

1. Entity Name

CHRISTIAN LIFE CHURCH OF BREVARD INC.

Principal Place of Business	Mailing Address
~~4620 LIPSCOMB ST., N.E., STE 3 PALM BAY FL 32905~~ 1018 PENNSYLVANIA AVE NE PALM BAY, FL 32907	~~4620 LIPSCOMB ST., N.E., STE 3 PALM BAY FL 32905~~ 1018 PENNSYLVANIA AVE NE PALM BAY, FL 32907
2. Principal Place of Business: 1018 PENNSYLVANIA AVE NE	3. Mailing Address: 1018 PENNSYLVANIA AVE NE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BAY	City & State: PALM BAY
Zip: 32907 Country: USA	Zip: 32907 Country: USA

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

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: LAITE, LUTHER V III
Street Address (P.O. Box Number is Not Acceptable): 1018 PENNSYLVANIA AVE NE
City: PALM BAY, FL Zip Code: 32907

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: X
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TPD LAITE, LUTHER V III ~~4620 LIPSCOMB ST., N.E.~~ 1018 PENNSYLVANIA AVE NE PALM BAY FL ~~32905~~ 32907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDD LAITE, PATRICIA J ~~4620 LIPSCOMB ST., N.E.~~ 1018 PENNSYLVANIA AVE NE PALM BAY FL ~~32905~~ 32907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MUNROE, AL 2214 JOSHUA DR., N.E. PALM BAY FL 32905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/01)

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 REQUIRED 1/19/02 321 724-9708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #