

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712288

1. Entity Name

FIRST PENTECOSTAL CHURCH OF SOUTH BREVARD, INC.

Principal Place of Business

2832 PALM BAY BLVD
POB 727
PALM BAY FL 32905

Mailing Address

P O BOX 727
PALM BAY FL 32906
US

2. Principal Place of Business

1021 EMERSON DR. NE

Suite, Apt. #, etc.

3. Mailing Address

1021 EMERSON DR. NE

Suite, Apt. #, etc.

City & State

PALM BAY, FL

City & State

PALM BAY, FL

Zip

32907

Country

USA

Zip

32907

Country

USA

4. FEI Number

59-2264985

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYERS, DAVID
612 ROSTOCK CIR
PALM BAY FL 32907

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

4-28-2000

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
ST
JENKINS, R TIMOTHY
1495 DONNA MARIE DR
WEST MELBOURNE FL 32904 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KENNETH SIAS
921 BURN AVE NE
PALM BAY FL 32905 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SIAS, RICHARD
1679 MOSSWOOD DR
MELBOURNE FL 32935 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PATCHIN, LARRY
3081 MARY ST
WEST MELBOURNE FL 32904 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SAUNDERS, ALLYN
3091 MARY ST
WEST MELBOURNE FL 32904 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BULLARD, TED
505 NOGLES AVE NE
PALM BAY FL 32907 ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-2000

CR2E037 (9/99)