

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90058 015 ****61.25

DOCUMENT # 712288

1. Entity Name

FIRST PENTECOSTAL CHURCH OF SOUTH BREVARD, INC.

Principal Place of Business

1021 EMERSON DR NE
 PALM BAY FL 32907
 US

Mailing Address

1021 EMERSON DR NE
 PALM BAY FL 32907
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

MYERS, DAVID
612 ROSTOCK CIR
PALM BAY FL 32907

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

4-8-01

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 **ST** ☐ Delete
 NAME **JENKINS, R TIMOTHY**
 STREET ADDRESS **1495 DONNA MARIE DR**
 CITY-ST-ZIP **WEST MELBOURNE FL 32904**

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

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

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

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

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

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **TIM RITCHEY**
 STREET ADDRESS **229 TIMPOOCHFE**
 CITY-ST-ZIP **1HB, FL 32937**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-01

Date

321-723-2030

Daytime Phone #

CR2E037 (10/00)