

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90504 033 *****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PRES.** ☐ Change ☒ Addition
NAME **MYERS, DAVID E.**
STREET ADDRESS **612 ROSTOCK CIR.**
CITY-ST-ZIP **PALM BAY FL 32907**

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

TITLE **D** ☐ Change ☒ Addition
NAME **GAILEY, STEVEN**
STREET ADDRESS **945 STARLING WAY**
CITY-ST-ZIP **MELBOURNE, FL 32955**

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

TITLE **D** ☐ Change ☒ Addition
NAME **BURROWS, LEROY**
STREET ADDRESS **745 EBONY ST.**
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** ☐ Change ☒ Addition
NAME **MCKENZIE, STEPHEN**
STREET ADDRESS **1420 ALBERNI ST. NW**
CITY-ST-ZIP **PALM BAY, FL 32907**

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

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

TITLE **D** ☐ Delete
NAME **RITCHEY, TIM**
STREET ADDRESS **229 TIMPOOCHEE**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

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 REQUIRED

CR2E037 (10/02)