

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000000256**

1. Entity Name

DISCIPLESHIP MINISTRY OF BREVARD COUNTY, INC.

Principal Place of Business

1716 PARRSBORO ST. NW
PALM BAY FL 32907

Mailing Address

1716 PARRSBORO ST. NW
PALM BAY FL 32907

2. Principal Place of Business

3085 Jupiter Blvd SW

3. Mailing Address

Suite, Apt. #, etc.
Suite 7

Suite, Apt. #, etc.

City & State

Palm Bay, FL

City & State

Zip

32909

Country

Zip

Country

4. FEI Number

59-3620018

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

VELEZ, JORGE L
1716 PARRSBORO ST. NW
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

**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	President "D" ☐ Delete Jorge L. Velez 1716 Parrsboro St NW Palm Bay FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President "D" ☐ Delete Annjeanette Velez 1716 Parrasboro St NW Palm Bay, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer "T" ☐ Delete Sonja T Starnes 726 Dresend St NW Palm Bay, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary ☐ Delete Nadine Bryan 1270 Seabold Rd SW Palm Bay, FL 32908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 REQUIRED Jorge L. Velez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01

Date

321-724-1271

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE