

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000256

1. Entity Name

DISCIPLESHIP MINISTRY OF BREVARD COUNTY, INC.

Principal Place of Business

3085 JUPITER BV SW  
STE 7  
PALM BAY FL 32909

Mailing Address

1716 PARRSBORO ST. NW  
PALM BAY FL 32907

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

59-3620018

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 PD ☐ Delete  
NAME VELEZ, JORGE L  
STREET ADDRESS 1716 PARRSBORO ST NW  
CITY-ST-ZIP PALM BAY FL 32907

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

TITLE VPD ☐ Delete  
NAME ANNJEANETTE, VELEZ  
STREET ADDRESS 1716 PARRASBORO ST NW  
CITY-ST-ZIP PALM BAY FL 32907

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

TITLE T ☐ Delete  
NAME STARNES, SONJA T  
STREET ADDRESS 726 DRESEND ST NW  
CITY-ST-ZIP PALM BAY FL 32907

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

TITLE S ☒ Delete  
NAME BRYAN, NADINE  
STREET ADDRESS 1270 SEABOLD RD SW  
CITY-ST-ZIP PALM BAY FL 32908

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Jorge L. Velez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/02

321-724-1271

Date

Daytime Phone #

CR2E037 (9/01)

FILED  
Jan 29, 2002 8:00 am  
Secretary of State

01-29-2002 90047 011 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE