


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90079 024 \*\*\*\*62.50

<b>DOCUMENT # N00000000256</b>	
1. Entity Name <b>DISCIPLESHIP MINISTRY OF BREVARD COUNTY, INC.</b>	

Principal Place of Business <b>3085 JUPITER BV SW STE 7 PALM BAY, FL 32909</b>	Mailing Address <b>1716 PARRSBORO ST. NW PALM BAY, FL 32907</b>
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01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3620018</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>VELEZ, JORGE L 1716 PARRSBORO ST. NW PALM BAY, FL 32907</b>	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VELEZ, JORGE L 1716 PARRSBORO ST NW PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANNJEANETTE, VELEZ 1716 PARRASBORO ST NW PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STARNES, SONJA T 975 WATEROAK DR NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4/12/05</b> <small>Date</small>	<b>321 724 1271</b> <small>Daytime Phone #</small>
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