

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90307 039 ****61.25

DOCUMENT # N00000004002					
1. Entity Name SOUTH BREVARD ARE INTER-FAITH SPONSORING COMMITTEE, INC.					
Principal Place of Business 2959 N. HARBOR CITY BLVD. MELBOURNE, FL 32935			Mailing Address 2959 N. HARBOR CITY BLVD. MELBOURNE, FL 32935		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04122005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3670512				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROCHE, PATRICK F. FRESE, NASH & HANSEN, P.A. 930 S HARBOR CITY BLVD, SUITE 505 MELBOURNE, FL 32901			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCELWEE, MICHAEL 2950 N. HARBOR CITY BLVD. MELBOURNE, FL 32935	<input type="checkbox"/> Delete		TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RILEY, HARVEY REV 2295 ADAMS ST. NE PALM BAY, FL 32905	<input type="checkbox"/> Delete		MCELWEE, MICHAEL 2950 N. HARBOR CITY BLVD. MELBOURNE FL 32935 SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, W.M. REV. 684 N. HARBOR CITY BLVD. MELBOURNE, FL 32935	<input type="checkbox"/> Delete		2295 ADAMS ST. NE PALM BAY FL 32905 CO-CHAIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEFFNER, ROBERT REV. 5310 BACOCK ST. NE PALM BAY, FL 32905	<input type="checkbox"/> Delete		ANDERSON, W.M. REV. 1800 PENN ST. SUITE 6A. MELBOURNE FL. 32901 CO-CHAIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEFFNER, ROBERT REV. 5310 BACOCK ST. NE PALM BAY, FL 32905	<input type="checkbox"/> Delete		HEFFNER, ROBERT REV. 5310 BACOCK ST. NE PALM BAY FL 32905	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		_____	
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: <i>William M. Anderson</i>		4/14/05 (321) 254-4163			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			