

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90231 044 ****70.00

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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

2950 N. HARBOR CITY BLVD

3. Mailing Address

2950 N. HARBOR CITY BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062006

Chg-NP

CR2E037 (11/05)

City & State

MELBOURNE FL

City & State

MELBOURNE FL

4. FEI Number
59-3670512

Applied For
Not Applicable

Zip

32935

Country

BREVARD

Zip

32935

Country

BREVARD

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ROCHE, PATRICK F
FRESE, NASH & HANSEN, P.A.
930 S HARBOR CITY BLVD, SUITE 505
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by May 1, 2006**

**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

TITLE	T	<input type="checkbox"/> Delete
NAME	MCLEWEE, MICHAEL	
STREET ADDRESS	2950 N. HARBOR CITY BLVD.	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	CC	<input type="checkbox"/> Delete
NAME	ANDERSON, W M REV	
STREET ADDRESS	1800 PENN ST, SUITE 6A	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, W.M. REV.	
STREET ADDRESS	684 N. HARBOR CITY BLVD.	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	CC	<input type="checkbox"/> Delete
NAME	HEFFNER, ROBERT REV	
STREET ADDRESS	5310 BABCOCK ST NE	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE	S	<input type="checkbox"/> Delete
NAME	GLEASON, NORMAN REV	
STREET ADDRESS	2295 ADAMS ST N.E.	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

David P. Page

3/14/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #