

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01447

1. Entity Name

LIBERTY MINISTRIES OF BREVARD, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90063 022 ****70.00

Principal Place of Business

4620 LIPSCOMB ST NE
SUITE 4B
PALM BAY FL 32905
US

Mailing Address

4620 LIPSCOMB ST NE
SUITE 4B
PALM BAY FL 32905-2934
US

2. Principal Place of Business

4620 Lipscomb st. NE

Suite, Apt. #, etc.

Suite 1

City & State
Palm Bay, FL

Zip
32905

Country
U.S.

3. Mailing Address

4620 Lipscomb st. NE

Suite, Apt. #, etc.

Suite 1

City & State
Palm Bay FL

Zip
32905

Country
U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2645606

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOUCHTON, DEXTER DR.
4620 LIPSCOMB ST NE
SUITE 4B
PALM BAY FL 32905

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.

SIGNATURE

Signature, typed or printed name of registered agent and true 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOUCHTON, DEXTER DR. 4620 LIPSCOMB ST NE, STE. 4B PALM BAY FL 32905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TOUCHTON, KENNETH DR. 4620 LIPSCOMB ST NE, STE. 4B PALM BAY FL 32905	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOUCHTON, JOYCE 4620 LIPSCOMB ST NE, STE. PALM BAY FL 32905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TOUCHTON, SHERRY 4620 LIPSCOMB ST NE, STE. 4B PALM BAY FL 32905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Gene Mc Donnell 4620 Lipscomb st. NE Suite 1 Palm Bay, FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/99)