

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90097 025 ****61.25

DOCUMENT # N02000008221

1. Entity Name
SOUTH BREVARD MINISTERIAL ALLIANCE, INC.



Principal Place of Business

**1105 E CHURCH STREET
MELBOURNE FL 32901**

Mailing Address

**1105 E CHURCH STREET
MELBOURNE FL 32901**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 60804

Suite, Apt. #, etc.

City & State

Palm Bay, FL

Zip

32906-0807

Country

USA

4. FEI Number

45-0489266

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

**GLANTON, CAROL W
1105 E CHURCH STREET
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

FILE NOW: FEE IS \$61.25

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	PD	<input type="checkbox"/> Delete
NAME	GLANTON, CAROL W	
STREET ADDRESS	1105 E CHURCH STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUGGS, HAZEL	
STREET ADDRESS	805 E DAVIS ST	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BELL, ALVIN	
STREET ADDRESS	1312 E UNIVERSITY BLVD	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JONES, MARGUERITE	
STREET ADDRESS	3222 HADDON AVE NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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STREET ADDRESS	
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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 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: *Carol W. Glanton*

4/21/2003 (321) **727-7679**

CR2E037 (10/02)