

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000000284**

1. Entity Name  
FAITH FELLOWSHIP CHURCH OF BREVARD, INC.



Principal Place of Business  
2820 BUSINESS CENTER BLVD  
MELBOURNE, FL 32940

Mailing Address  
2820 BUSINESS CENTER BLVD  
MELBOURNE, FL 32940-7103



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
59-3332844

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

WILLIAMS, R. KEITH  
3125 WEST NEW HAVEN AVENUE, SUITE 200  
WEST MELBOURNE, FL 32904

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

U00000598758  
01/24/07-80088-019 61.25

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME TOM, KATHY  
STREET ADDRESS 2820 BUSINESS CENTER BLVD  
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE TD  
NAME DESROSIERS, SHEILA  
STREET ADDRESS 2820 BUSINESS CENTER BLVD  
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE VPD  
NAME HANSON, PAUL  
STREET ADDRESS 2820 BUSINESS CENTER BLVD  
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE SD  
NAME BRADSHAW, JEFF  
STREET ADDRESS 2820 BUSINESS CENTER BLVD  
CITY-ST-ZIP MELBOURNE, FL 32540

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 09 2007

Date

Daytime Phone #

321-259-7200