

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003338

1. Entity Name

**SOUTH BREVARD COMMUNITY CHURCH, INCORPORATED**

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90065 033 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2835 SUNSET ROAD  
WEST MELBOURNE FL 32904

2835 SUNSET ROAD  
WEST MELBOURNE FL 32904-8816

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3398299

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LORENZO, ROBERT  
2835 SUNSET ROAD  
WEST MELBOURNE FL 32904

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 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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT ☐ Delete  
NAME LORENZO, ROBERT  
STREET ADDRESS 2835 SUNSET RD.  
CITY-ST-ZIP WEST MELBOURNE FL 32904

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME ABEL, LINDA  
STREET ADDRESS 808 SHOSHONI TR  
CITY-ST-ZIP PAFB FL 32925

TITLE ☒ Change ☐ Addition  
NAME Linda Abel  
STREET ADDRESS 2149 Greyfield St. NE  
CITY-ST-ZIP Palm Bay, FL 32907

TITLE T ☐ Delete  
NAME MARIELLI, JAMES P  
STREET ADDRESS 2359 ANGEL RD.  
CITY-ST-ZIP PALM BAY FL 32909

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/00 (321) 733-5755  
Date Daytime Phone #

CR2E037 (9/99)