

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State

06-27-2001 90006 010 ****61.25

DOCUMENT # N96000003338

1. Entity Name

SOUTH BREVARD COMMUNITY CHURCH, INCORPORATED

Principal Place of Business

Mailing Address

**2835 SUNSET ROAD
 WEST MELBOURNE FL 32904**

**2835 SUNSET ROAD
 WEST MELBOURNE FL 32904**

A0075091

2. Principal Place of Business

**164 Saint George St
 Suite, Apt. #, etc.**

3. Mailing Address

**164 Saint George St
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

Melbourne FL

City & State

Melbourne FL

4. FEI Number

59-3398299

Applied For

Not Applicable

Zip
32904

Country
US

Zip
32904

Country
US

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LORENZO, ROBERT
 2835 SUNSET ROAD
 WEST MELBOURNE FL 32904**

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 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

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

TITLE ☐ Delete
 NAME **T ABEL, LINDA**
 STREET ADDRESS **2149 GREYFIELD ST. NE**
 CITY-ST-ZIP **PALM BAY FL 32907**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **164 Saint George St.**
 CITY-ST-ZIP **Melbourne FL 32904**

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

TITLE ☐ Change ☐ Addition
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 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:

LINDA ABEL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01

(321) 733-5755

Date Daytime Phone #

CR2E037 (10/00)