

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

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	<input type="checkbox"/> Delete
NAME	LORENZO, ROBERT	
STREET ADDRESS	2835 SUNSET RD.	
CITY-ST-ZIP	WEST MELBOURNE FL 32904	
TITLE	T	<input type="checkbox"/> Delete
NAME	ABEL, LINDA	
STREET ADDRESS	2149 GREYFIELD ST. NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARIELLI, JAMES P	
STREET ADDRESS	2359 ANGEL RD.	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	164 Saint George St.	
CITY-ST-ZIP	Melbourne FL 32904	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda Abel

4/29/01

Date

(321) 733-5755

Daytime Phone #

CR2E037 (10/00)