

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004436 (9)**
1. Corporation Name

BREAKING THE SILENCE METROPOLITAN COMMUNITY CHURCH, INC.



Principal Place of Business P.O. BOX 1585 COCOA FL 32923	Mailing Address P.O. BOX 1585 COCOA FL 32923
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3. Date Incorporated or Qualified 08/22/1996	
4. FEI Number 59-3432331	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
LEVIN, PENNY 1414 ROSE COURT MELBOURNE FL 32935	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P BEANE, LINDA L
STREET ADDRESS	4735 N BANANA RIVER BLVD
CITY-ST-ZIP	COCOA BEACH FL 32931
TITLE	<input type="checkbox"/> DELETE
NAME	VD WARGO, KAREN
STREET ADDRESS	6545 PLEASANT AVE 260 Florida Blvd.
CITY-ST-ZIP	COCOA BEACH FL 32909 Merritt Island FL 32953
TITLE	<input type="checkbox"/> DELETE
NAME	SD ASH, KELLEE
STREET ADDRESS	5125 FAN PALM AVE
CITY-ST-ZIP	COCOA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	T ABERNATHY, DORI
STREET ADDRESS	2080 PORPOISE ST
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sandra Beane
2.3 STREET ADDRESS	260 Florida Blvd.
2.4 CITY-ST-ZIP	Merritt Island FL 32953
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T Karen Joyce
4.3 STREET ADDRESS	501 Harrison #12
4.4 CITY-ST-ZIP	Cape Canaveral FL 32920
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Rev. Linda L Beane Rev. Sandra L. Beane 3/20/98 407-783-9878**

CR2E037 (10/97)