

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004436

1. Entity Name

BREAKING THE SILENCE METROPOLITAN COMMUNITY CHUR

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90043 035 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 1585
 COCOA FL 32923

P.O. BOX 1585
 COCOA FL 32923-1585

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3432331

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

LEVIN, PENNY
 1414 ROSE COURT
 MELBOURNE FL 32935

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 ☐ Delete
 NAME P
 STREET ADDRESS BEANE, LINDA L
 CITY-ST-ZIP 4735 N BANANA RIVER BLVD
 COCOA BEACH FL 32931

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

TITLE ☒ Delete
 NAME VD
 STREET ADDRESS LONGWAY, JUNE
 CITY-ST-ZIP 1330 PALAU ST
 PALM BAY FL 32909

TITLE ☐ Change ☐ Addition
 NAME VD
 STREET ADDRESS Powers, Carolyn
 CITY-ST-ZIP 35 Carmel Dr.
 Melbourne FL 32940

TITLE ☐ Delete
 NAME SD
 STREET ADDRESS RIEBSAME, GERRI
 CITY-ST-ZIP 1700 UNIVERSITY LN. #102
 COCOA FL 32922

TITLE ☒ Change ☐ Addition
 NAME SD
 STREET ADDRESS Martin, Gerri
 CITY-ST-ZIP 1700 University Ln. #102
 Cocoa FL 32922

TITLE ☐ Delete
 NAME T
 STREET ADDRESS JOYCE, KAREN
 CITY-ST-ZIP 501 HANNISON, #12
 CAPE CANAVERAL FL 32920

TITLE ☒ Change ☐ Addition
 NAME T
 STREET ADDRESS Joyce, Karen
 CITY-ST-ZIP P.O. Box 775
 Cape Canaveral FL 32920

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 L. Beane
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/00

CR2E037 (9/99)