

# 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



DO NOT WRITE IN THIS SPACE

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**  
**BEANE, LINDA L**  
 STREET ADDRESS **4735 N BANANA RIVER BLVD**  
 CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

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

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

TITLE  Change  Addition  
 NAME **T**  
**Joyce, Karen**  
 STREET ADDRESS **P.O. Box 775**  
 CITY-ST-ZIP **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)