

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-22-2000 90077 012 ****61.25

DOCUMENT # N99000000593

1. Entity Name

INTERFAITH ALLIANCE OF BREVARD COUNTY INC.

Principal Place of Business

2185 MEADOWLAND AVE.
 WEST MELBOURNE FL 32904

Mailing Address

2185 MEADOWLAND AVE.
 WEST MELBOURNE FL 32904

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59 3569607

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HIGGINS, JOHN M
101 LA COSTA ST. #B-5
MELBOURNE BEACH FL 32951

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	Chair, Dr. Rev	<input type="checkbox"/> Delete
NAME	John M Higgins	
STREET ADDRESS	101 La Costa St	
CITY-ST-ZIP	Melbourne Bch 32951	
TITLE	Vice Chair	<input type="checkbox"/> Delete
NAME	Jamie Phear	
STREET ADDRESS	8011 Duncastle Ct	
CITY-ST-ZIP	Melbourne 32940	
TITLE	Rabbi, Secretary	<input type="checkbox"/> Delete
NAME	Berry Friedman	
STREET ADDRESS	959 Somerset Ln	
CITY-ST-ZIP	Melbourne 32940	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	CE Stanton	
STREET ADDRESS	1976 Tyler Ave	
CITY-ST-ZIP	Melbourne 32935	
TITLE	Rev Board Member	<input type="checkbox"/> Delete
NAME	James Farinet	
STREET ADDRESS	1972 Trevino Cir	
CITY-ST-ZIP	Melbourne 32935	
TITLE	Rev. Board Member	<input type="checkbox"/> Delete
NAME	Linda Beane	
STREET ADDRESS	3115 Friendship Pl	
CITY-ST-ZIP	Rockledge 32955	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Board Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Drexler	
STREET ADDRESS	295 Highway A1A	
CITY-ST-ZIP	Satellite Beach 32937	
TITLE	Rev Board Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Bowman	Delete
STREET ADDRESS	5115 Highway A1A	
CITY-ST-ZIP	Melbourne Beach 32951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 817, 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)