

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-26-2001 90005 025 ****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



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3569687

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

James E Luce
 Street Address (P.O. Box Number is Not Acceptable)

2727 N. Wickham Rd. 10-101

City

Melbourne,

FL

Zip Code

32935

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

James E. Luce

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/8/2001

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	RM	<input checked="" type="checkbox"/> Delete
NAME	DREKSLER, MARY	
STREET ADDRESS	295 HIGHWAY A1A	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	PHEAR, JAMIE	
STREET ADDRESS	8011 DUNCASTLE COURT	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, BERRY	
STREET ADDRESS	959 SOMERSET LANE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CTANTON, CE	
STREET ADDRESS	1976 TYLER AVAE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	RBMD	<input type="checkbox"/> Delete
NAME	FARINET, JAMES	
STREET ADDRESS	1972 TREVINO CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	BMD	<input checked="" type="checkbox"/> Delete
NAME	BEANE, LINDA	
STREET ADDRESS	3115 FRIENDSHIP PLACE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luce, James	
STREET ADDRESS	2727 N. Wickham Rd.	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phear, Janie	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANTON	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robinson, Judith	
STREET ADDRESS	116 Neptune Ct	
CITY-ST-ZIP	Indianapolis, FL 32903	

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:

James E. Luce

6/8/01

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CR2E037 (10/00)