

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90087 038 \*\*\*\*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

**925 Highway A1A #302**

Suite, Apt. #, etc.

**# 302**

City & State

**Satellite Beach, FL**

Zip

**32937**

Country

**USA**

3. Mailing Address

**925 Highway A1A**

Suite, Apt. #, etc.

**# 302**

City & State

**Satellite Beach, FL**

Zip

**32937**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

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

**PAIK, DOUGLAS  
998 LYNBROOK STREET N.W.  
PALM BAY FL 32907**

7. Name and Address of New Registered Agent

Name  
**ROBINSON, M. Judith**

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

**116 Neptune Court**

City

**Indianapolis**

FL

Zip Code

**32903**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*M. Judith Robinson*  
Signature, typed or printed name of registered agent and title if applicable.  
**Treasurer/Director**

*M. Judith Robinson*  
(NOTE: Registered Agent signature required when reinstating)

*4/11/2003*  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **LUCE, JAMES**  
STREET ADDRESS **2727 N. WICKHAM RD. 10-101**  
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **SD** ☐ Delete  
NAME **PHEAR, JANIE**  
STREET ADDRESS **8011 DUNCASTLE COURT**  
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **VD** ☒ Delete  
NAME **FRIEDMAN, BARRY**  
STREET ADDRESS **959 SOMERSET LANE**  
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **TD** ☐ Delete  
NAME **PAIK, DOUGLAS W**  
STREET ADDRESS **998 LYNBROOK STREET N.W.**  
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **PD** ☐ Delete  
NAME **SPAETH, GEORGE**  
STREET ADDRESS **925 HWY A1A, SUITE #302**  
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **D** ☐ Delete  
NAME **KLINE, LUCY C**  
STREET ADDRESS **3687 CROSSBOW DRIVE**  
CITY-ST-ZIP **COCOA FL 32926**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☒ Addition  
NAME **M. Judith Robinson**  
STREET ADDRESS **116 Neptune Court**  
CITY-ST-ZIP **Indianapolis, FL 32903**

TITLE **VD** ☐ Change ☐ Addition  
NAME **FRIEDMAN, BARRY**  
STREET ADDRESS **959 SOMERSET LANE**  
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **D** ☐ Change ☒ Addition  
NAME **Motlagh, Taraneh**  
STREET ADDRESS **2475 Forest Run Drive**  
CITY-ST-ZIP **Melbourne, FL 32935**

TITLE **VD** ☒ Change ☐ Addition  
NAME **Paik, Douglas W**  
STREET ADDRESS **998 Lynbrook Street N.W.**  
CITY-ST-ZIP **Palm Bay, FL 32907**

TITLE **PD** ☐ Change ☐ Addition  
NAME **SPAETH, GEORGE**  
STREET ADDRESS **925 HWY A1A, SUITE #302**  
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **D** ☐ Change ☐ Addition  
NAME **KLINE, LUCY C**  
STREET ADDRESS **3687 Crossbow Drive**  
CITY-ST-ZIP **Cocoa FL 32926**

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: *M. Judith Robinson* **M. Judith Robinson** *4/11/2003* **321-779-0589**

CR2E037 (10/02)