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May 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734940 (0)
1. Corporation Name
TABERNACLE BAPTIST CHURCH OF TITUSVILLE, INC.



Principal Place of Business Mailing Address
TITUSVILLE, INC.
3575 KELLY ROAD
MIMS FL 32754
TITUSVILLE, INC.
3575 KELLY ROAD
MIMS FL 32754-2808

3. Date Incorporated or Qualified 02/11/1976
3a. Date of Last Report 06/14/1996
4. FEI Number 59-2320545
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

WILSON, HERBERT H.
3575 KELLY ROAD
MIMS FL 32754

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Herbert H. Wilson*

5-4-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WILSON, H. H.	
STREET ADDRESS	3575 KELLY ROAD	
CITY-ST-ZIP	MIMS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREEMAN, THOMAS E.	
STREET ADDRESS	2525 TITUS AVE.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAUY, BURNETT	
STREET ADDRESS	3140 ARGYLE RD	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FLAKE, JAMES	
STREET ADDRESS	3200 GRANTLINE ROAD	
CITY-ST-ZIP	MIMS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREEMAN, T.B.	
STREET ADDRESS	5010 PANTHER LANE	
CITY-ST-ZIP	MIMS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James H. Flake* JAMES FLAKE 5-4-97 407-269-2784

CR2E037 (9/96)