


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 734940**  
 1. Entity Name  
**TABERNACLE BAPTIST CHURCH OF TITUSVILLE, INC.**



Principal Place of Business  
**TITUSVILLE, INC.**  
**3575 KELLY ROAD**  
**MIMS, FL 32754**

Mailing Address  
**TITUSVILLE, INC.**  
**PO BOX 642**  
**MIMS, FL 32754**

**DO NOT WRITE IN THIS SPACE**



04142008 No Chg-NP CR2E037 (4/08)

4. FEI Number  
**59-2320545** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HUMPHREYS, DAVID A**  
**3575 KELLY ROAD**  
**MIMS, FL 32754**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees.**

U00000906862  
 05/05/08-80015-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HUMPHREYS, DAVID A
STREET ADDRESS	3575 KELLY ROAD
CITY-ST-ZIP	MIMS, FL 32754
TITLE	D
NAME	FREEMAN, THOMAS E.
STREET ADDRESS	3170 KEITH LN
CITY-ST-ZIP	MIMS, FL 32754
TITLE	T
NAME	HIGGINBOTHAM, JOHN P
STREET ADDRESS	4990 PANTHER LN
CITY-ST-ZIP	MIMS, FL 32754
TITLE	D
NAME	FREEMAN, JAMES E
STREET ADDRESS	5010 PANTHER LANE
CITY-ST-ZIP	MIMS, FL 32754
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *John P. Higginbotham* **John P. Higginbotham** *April 15, 2008* **321-268-2068**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #