



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90015 010 \*\*\*\*61.25

<b>DOCUMENT # 700172</b> 1. Entity Name <b>FIRST CHRISTIAN CHURCH OF TITUSVILLE, INC.</b>					
Principal Place of Business <b>2880 JAY JAY RD</b> <b>TITUSVILLE, FL 32796 US</b>			Mailing Address <b>2880 WEST JAY JAY RD</b> <b>TITUSVILLE, FL 32796 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State  Zip                      Country		4. FEI Number <b>59-1724419</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WATTWOOD JR, H E</b> <b>1010 LANE AVE</b> <b>P O BOX 201</b> <b>TITUSVILLE, FL 32780</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, LARRY <del>2917 LARKSPUR ST</del> TITUSVILLE, FL 32796	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LARKSPUR ST</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACKUS, STU 4170 HICKORY LAKE CT TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACK JONGS 4490 GRAY AVE. TITUSVILLE, FL 32780	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD RATLIFF, S 2615 BAYWOOD DR. TITUSVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WATTWOOD, H E JR 1010 LANE AVE TITUSVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILDS, DON 3067 ELDER ST TITUSVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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					
<b>SIGNATURE:</b> <i>H.E. Wattwood Jr</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01-10-08                      321-267-2704 <small>Date                      Daytime Phone #</small>		
<b>H.E. WATTWOOD, JR</b>					