

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707027

1. Entity Name

TEMPLE BAPTIST CHURCH OF TITUSVILLE, FLORIDA, IN

Principal Place of Business

1400 N U.S. #1
TITUSVILLE FL 32796

Mailing Address

1400 N U.S. #1
TITUSVILLE FL 32796

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1911506

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELDRIDGE, H. LEROY
4427 LANTERN DR
TITUSVILLE FL 32796

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN, JEFF 910 CAROLINA CIR TITUSVILLE FL 32796	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAVAR, RON 6942 BOSTON RD. COCOA FL 32927	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYNARD, JERRY 1405 N. CARPENTER RD. TITUSVILLE FL 32796	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCMURPHY, TARA 2800 BRIARWOOD LN TITUSVILLE FL 32796	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELDRIDGE, LEROY 4427 LANTERN DR TITUSVILLE FL 32796	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CREIGHTON, HENRY 3839 CHAMPION RD TITUSVILLE FL 32796	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Devenport, Joe 1780 Poinciana Ave Titusville, FL 32796	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Tara McMurphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01

Date

321-269-1133

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)