

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90883 032 ****70.00

DOCUMENT # 707027

1. Entity Name

**TEMPLE BAPTIST CHURCH OF TITUSVILLE, FLORIDA, IN
C.**

Principal Place of Business

Mailing Address

**1400 N U.S. #1
TITUSVILLE FL 32796**

**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 ☐ Delete
NAME **D DEAN, JEFF**
STREET ADDRESS **910 CAROLINA CIR**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D DEVENPORT, JOE**
STREET ADDRESS **1780 POINCIANA AVE**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D MAYNARD, JERRY**
STREET ADDRESS **1405 N. CARPENTER RD.**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S MCMURPHY, TARA**
STREET ADDRESS **2800 BRIARWOOD LN**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **P ELDRIDGE, LEROY**
STREET ADDRESS **4427 LANTERN DR**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **T CREIGHTON, HENRY**
STREET ADDRESS **3839 CHAMPION RD**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-26-02

0011340

CP2E037 (9/01)