

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 707027 1. Entity Name TEMPLE BAPTIST CHURCH OF TITUSVILLE, FLORIDA, INC.	
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Principal Place of Business 1400 N.U.S. #1 TITUSVILLE FL 32796	Mailing Address 1400 N.U.S. #1 TITUSVILLE FL 32796
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3294378	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ELDRIDGE, H. LEROY 4427 LANTERN DR TITUSVILLE FL 32796

7. Name and Address of New Registered Agent	
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. 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
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
D DEVENPORT, JOE 1780 POINCIANA AVE TITUSVILLE FL 32796	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
D MAYNARD, JERRY 1405 N. CARPENTER RD. TITUSVILLE FL 32796	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
S MCMURPHY, TARA 2800 BRIARWOOD LN TITUSVILLE FL 32796	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
P ELDRIDGE, LEROY 4427 LANTERN DR TITUSVILLE FL 32796	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
VP PORTER, WILLIAM 3460 TREVINO CIR. TITUSVILLE FL 32780	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
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)(f), 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: 	1/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	