


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 707027	
1. Entity Name TEMPLE BAPTIST CHURCH OF TITUSVILLE, FLORIDA, INC.	

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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01112006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-3294378	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ELDRIDGE, H. LEROY 4427 LANTERN DR TITUSVILLE, FL 32796
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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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVENPORT, JOE 1780 POINCIANA AVE TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYNARD, JERRY 1405 N. CARPENTER RD. TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCMURPHY, TARA 2800 BRIARWOOD LN TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELDRIDGE, LEROY 4427 LANTERN DR TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PORTER, WILLIAM 3460 TREVINO CIR. TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Tara mcmurphy 1/24/06 (321)269-1133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone #