

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710691 (7)

1. Corporation Name
FIRST PRESBYTERIAN CHURCH OF TITUSVILLE, FLORIDA, INC.



Principal Place of Business: 1235 S.PARK AVE. TITUSVILLE FL 32780
Mailing Address: 1235 S.PARK AVE. TITUSVILLE FL 32780

3. Date Incorporated or Qualified: **04/08/1966**
3a. Date of Last Report: **03/30/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-0994325		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		30	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

SMITH, ALLARD G. J
1235 S.PARK AVENUE
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0103, Florida Statutes.

SIGNATURE: *Allard G. Smith*

(NOTE: Registered Agent signature required when reinstating)

DATE: **4-12-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUER, FREDERICK J.	1.2 NAME	
STREET ADDRESS	4381 LONGBOW DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	32796
TITLE	VTR <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFFMAN, JACK R.	2.2 NAME	
STREET ADDRESS	4270 CARLYSLE AVE.	2.3 STREET ADDRESS	VTR
CITY-ST-ZIP	TITUSVILLE, FL 00000	2.4 CITY-ST-ZIP	NICHOLS, EVAN
TITLE	TR <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS, EDWARD L	3.2 NAME	
STREET ADDRESS	4835 CATHEDRAL WAY	3.3 STREET ADDRESS	3454 PELICAN CIRCLE
CITY-ST-ZIP	TITUSVILLE, FL 00000 32780	3.4 CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	STR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATHIS, ELIZABETH B.	4.2 NAME	
STREET ADDRESS	530 HIGHLAND TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32796	4.4 CITY-ST-ZIP	32796
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward L. Douglas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-21-96**

Daytime Phone #: **407-267-2745**

CR2E037 (12/95)