

FILE NOW: FILING FEE IS \$61.25

FILED  
May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 710691 (7)**

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



Principal Place of Business <b>1235 S.PARK AVE. TITUSVILLE FL 32780</b>	Mailing Address <b>1235 S.PARK AVE. TITUSVILLE FL 32780-3911</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>04/08/1966</b>	3a. Date of Last Report <b>05/01/1996</b>
21	26	4. FEI Number <b>59-0994325</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Zip	25 Country	29 Zip	30 Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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

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

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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTR</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PTR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAUER, FREDERICK J.</b>	1.2 NAME	<b>CHAMBERLAIN, RICHARD</b>
STREET ADDRESS	<b>4381 LONGBOW DR</b>	1.3 STREET ADDRESS	<b>4905 CARODOC CIRCLE</b>
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	1.4 CITY-ST-ZIP	<b>TITUSVILL FL 32796</b>
TITLE	<b>VTR</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VTR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICHOLS EVAN</b>	2.2 NAME	<b>MATHIS, BETH</b>
STREET ADDRESS	<b>3454 PELICAN CIRCLE</b>	2.3 STREET ADDRESS	<b>530 HIGHLAND TERRACE</b>
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	2.4 CITY-ST-ZIP	<b>TITUSVILLE FL 32796</b>
TITLE	<b>TR</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>TR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOUGLAS, EDWARD L</b>	3.2 NAME	<b>WALKER, CLAY</b>
STREET ADDRESS	<b>4835 CATHEDRAL WAY</b>	3.3 STREET ADDRESS	<b>2055 CHESTER COURT</b>
CITY-ST-ZIP	<b>TITUSVILLE, FL 00000</b>	3.4 CITY-ST-ZIP	<b>TITUSVILLE, FL 32796</b>
TITLE	<b>STR</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>STR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATHIS, ELIZABETH B.</b>	4.2 NAME	<b>FAIREY, CHRIS</b>
STREET ADDRESS	<b>530 HIGHLAND TERR</b>	4.3 STREET ADDRESS	<b>2920 LAS PALMAS DRIVE</b>
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	4.4 CITY-ST-ZIP	<b>TITUSVILLE, FL 32780</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Clay Walker Clay Walker 4-16-97 (407) 861-3471  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015012

CR2E037 (9/96)