



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90117 022 ****61.25

DOCUMENT # 710691					
1. Entity 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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03082005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-0994325				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MASSEY, JERRY 3010 MULBERRY DRIVE TITUSVILLE, FL 32780			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and see if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT	<input checked="" type="checkbox"/> Delete	TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCONNEL, JACK		NAME	Coon, Earl	
STREET ADDRESS	1685 YORKTOWN AVE		STREET ADDRESS	4374 Lantern Drive	
CITY-ST-ZIP	TITUSVILLE, FL 32796		CITY-ST-ZIP	Titusville, FL 32796	
TITLE	VPT	<input checked="" type="checkbox"/> Delete	TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ETHEREDGE, SARAH		NAME	Dann, Ray	
STREET ADDRESS	895 HIGHLAND TERRACE		STREET ADDRESS	4813 Squires Drive	
CITY-ST-ZIP	TITUSVILLE, FL 32796		CITY-ST-ZIP	Titusville, FL 32796	
TITLE	TRT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOONSTRA, JUDY		NAME		
STREET ADDRESS	3486 TREVINO CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURKALI, NANCY		NAME	Simmons, Richard	
STREET ADDRESS	1385 GOLFVIEW DRIVE		STREET ADDRESS	6198 Sleepy Hollow Drive	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	Titusville, FL 32780	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Richard W Simmons</i>			Richard W Simmons 29 Apr 05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		