

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90184 034 ****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

4. FEI Number **59-0994325**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

JERRY MASSEY

Street Address (P.O. Box Number is Not Acceptable)

3010 MULBERRY DRIVE

City

TITUSVILLE

FL

Zip Code

327 80

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 **JERRY MASSEY**

Jerry P Massey

APRIL 03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$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 type="checkbox"/> Delete
NAME	VAN COTT, VICKI	
STREET ADDRESS	190 E OLMSTEAD H 10	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	LUCKETT, A.W.	
STREET ADDRESS	3820 VALLEY LANE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	TRT	<input checked="" type="checkbox"/> Delete
NAME	GAMBLE, MARY	
STREET ADDRESS	3509 ZAHARIS PLACE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TURKALI, NANCY	
STREET ADDRESS	1385 GOLFVIEW DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	CTT	<input checked="" type="checkbox"/> Delete
NAME	BROWN, DEBORAH	
STREET ADDRESS	3682 MUIRFIELD	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Etheredge, Sarah	
STREET ADDRESS	895--Highland Terrace	
CITY-ST-ZIP	Titusville, FL 32796	
TITLE	TRT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R Chamberlain, Richard	
STREET ADDRESS	4905 Carodoc Circle	
CITY-ST-ZIP	Titusville, FL 32796	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

RICHARD CHAMBERLAIN *Richard Chamberlain* 4-13-03 321-867-6867

CR2E037 (10/02)