

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 734940	
1. Entity Name TABERNACLE BAPTIST CHURCH OF TITUSVILLE, INC.	
Principal Place of Business TITUSVILLE, INC. 3575 KELLY ROAD MIMS, FL 32754	Mailing Address TITUSVILLE, INC. PO BOX 642 MIMS, FL 32754



03302005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2320545	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

HUMPHREYS, DAVID A
3575 KELLY ROAD
MIMS, FL 32754

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HUMPHREYS, DAVID A
STREET ADDRESS	3575 KELLY ROAD
CITY-ST-ZIP	MIMS, FL 32754
TITLE	D
NAME	FREEMAN, THOMAS E.
STREET ADDRESS	3170 KEITH LN
CITY-ST-ZIP	MIMS, FL 32754
TITLE	T
NAME	HIGGINBOTHAM, JOHN P
STREET ADDRESS	4990 PANTHER LN
CITY-ST-ZIP	MIMS, FL 32754
TITLE	D
NAME	FREEMAN, JAMES E
STREET ADDRESS	5010 PANTHER LANE
CITY-ST-ZIP	MIMS, FL 32754
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David A. Humphreys David A. Humphreys 4-3-05 3214128695