

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 A**  
**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**



04142008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2320545**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000906862  
05/05/08-80015-011 61.25

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** John P. Higinbotham John P. Higinbotham April 15, 2008 321-265-2068  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #