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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735241 (2)

1. Corporation Name

APOSTOLIC TABERNACLE CHURCH OF TITUSVILLE, FLORIDA, INC.



Principal Place of Business

Mailing Address

616 OLIVE ST.
TITUSVILLE FL 32796-7649

616 OLIVE ST.
TITUSVILLE FL 32796-7623

3. Date Incorporated or Qualified
03/11/1976

3a. Date of Last Report
02/16/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2386977

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPBELL, ALBERTA
616 OLIVE ST.
TITUSVILLE FL 32780

81 Name

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

83

84 City

FL

85 Zip Code

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 CD DELETE
NAME CAMPBELL, ALBERTA
STREET ADDRESS 616 OLIVE STREET
CITY-ST-ZIP TITUSVILLE FL

1.1 TITLE D Change Addition
1.2 NAME Lucille CRAYTON
1.3 STREET ADDRESS 5138 Poloris St.
1.4 CITY-ST-ZIP ORLANDO FL 32819

TITLE D DELETE
NAME MOORE, JESSIE L
STREET ADDRESS 3585 RIDGEWAY AVE,
CITY-ST-ZIP MIMS FL

2.1 TITLE D Change Addition
2.2 NAME Willie Carl Cleveland
2.3 STREET ADDRESS 1450 Heber Cir
2.4 CITY-ST-ZIP ORLANDO FL 32811

TITLE VCD DELETE
NAME MUSGROVE, RICHARD
STREET ADDRESS 6905 KNIGHTSWOOD DR
CITY-ST-ZIP ORLANDO FL

3.1 TITLE D Change Addition
3.2 NAME Jennie Lee Cadore
3.3 STREET ADDRESS 1670 CRAIG AVE
3.4 CITY-ST-ZIP TITUSVILLE FL 32780

TITLE D DELETE
NAME MUSGROVE, EUZERA L.
STREET ADDRESS 6905 KNIGHTSWOOD DR.
CITY-ST-ZIP ORLANDO FL

4.1 TITLE D Change Addition
4.2 NAME ANN Campbell
4.3 STREET ADDRESS 850 BON AIR ST.
4.4 CITY-ST-ZIP TITUSVILLE FL 32780

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D Change Addition
5.2 NAME JAMES Eaddy
5.3 STREET ADDRESS 1106 2ND AVE
5.4 CITY-ST-ZIP TITUSVILLE FL 32780

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Alberta Campbell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0015850

407-267-1428
2/4/97

CR2E037 (9/96)