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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	<input type="checkbox"/> DELETE
NAME	CAMPBELL, ALBERTA	
STREET ADDRESS	616 OLIVE STREET	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORE, JESSIE L	
STREET ADDRESS	3585 RIDGEWAY AVE,	
CITY-ST-ZIP	MIMS FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	MUSGROVE, RICHARD	
STREET ADDRESS	6905 KNIGHTSWOOD DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUSGROVE, EUZERA L.	
STREET ADDRESS	6905 KNIGHTSWOOD DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lucille CRAYTON	
1.3 STREET ADDRESS	5138 Poloris St.	
1.4 CITY-ST-ZIP	ORLANDO FL 32819	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Willie Carl Cleveland	
2.3 STREET ADDRESS	1450 Heber Cir	
2.4 CITY-ST-ZIP	ORLANDO FL 32811	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jennie Lee Cadore	
3.3 STREET ADDRESS	1670 CRAIG AVE	
3.4 CITY-ST-ZIP	TITUSVILLE FL 32780	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ANN Campbell	
4.3 STREET ADDRESS	850 BON AIR St.	
4.4 CITY-ST-ZIP	TITUSVILLE FL 32780	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JAMES Eaddy	
5.3 STREET ADDRESS	1106 2ND AVE	
5.4 CITY-ST-ZIP	TITUSVILLE FL 32780	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

407-267-1428
2/4/97
Date Daytime Phone # 0015850

CR2E037 (9/96)