


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 735241
1. Entity Name
APOSTOLIC TABERNACLE CHURCH OF TITUSVILLE,
FLORIDA, INC.



Principal Place of Business Mailing Address
616 OLIVE ST. 616 OLIVE ST.
TITUSVILLE, FL 32796-7649 TITUSVILLE, FL 32796-7649

DO NOT WRITE IN THIS SPACE



04262004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-2386977 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, ALBERTA
616 OLIVE ST.
TITUSVILLE, FL 32780

**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 Alberta Campbell DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

UD0000134779
04/28/04-80032-012 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CAMPBELL, ALBERTA 616 OLIVE STREET TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, JESSIE L 3585 RIDGEWAY AVE, MIMS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MUSGROVE, RICHARD 6905 KNIGHTSWOOD DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSGROVE, EUZERA L. 6905 KNIGHTSWOOD DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ANDERSON, EARLIENE 5008 ANZIO ST ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EADDY, JAMES 1435 KINGS CT. TITUSVILLE, FL 32780

**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)(f), 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: Alberta Campbell Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR