

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90060 049 \*\*\*\*61.25

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



Principal Place of Business 616 OLIVE ST. TITUSVILLE, FL 32796-7649	Mailing Address 616 OLIVE ST. TITUSVILLE, FL 32796-7649
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**50009701**

**DO NOT WRITE IN THIS SPACE**



01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2386977</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required.

6. Name and Address of Current Registered Agent  
 CAMPBELL, ALBERTA  
 616 OLIVE ST.  
 TITUSVILLE, FL 32780

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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 \_\_\_\_\_ (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 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 <i>Deceased</i>
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

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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:** *Alberta Campbell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_