

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 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



01292007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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

000000614190
 02/06/07-80015-014 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	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: *Alberta Campbell* 1 - 29 - 07 321-267-1428
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #