


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90106 024 \*\*\*\*61.25

<b>DOCUMENT # 747748</b> 1. Entity Name <b>FIRST BAPTIST CHURCH OF TITUSVILLE, FLORIDA, SBC, INC.</b>					
Principal Place of Business <b>303 MAIN ST. P O BOX 6125 TITUSVILLE, FL 32782-3125</b>			Mailing Address <b>303 MAIN ST. P O BOX 6125 TITUSVILLE, FL 32782-3125</b>		
2. Principal Place of Business - No P.O. Box # <b>303 MAIN ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 6125</b> Suite, Apt. #, etc.			
City & State <b>TITUSVILLE FL</b>		City & State <b>TITUSVILLE FL</b>		4. FEI Number <b>59-0766977</b>	
Zip <b>32796</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GRANATH, ROBERT E 2465 CHRISTINE DRIVE TITUSVILLE, FL 32796</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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: <u><i>Robert E. Granath</i></u> <span style="float: right;">1/10/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TERRY, RACHEL 325 WILLOW STREET TITUSVILLE, FL 32780	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOUG LANE 5514 RIVER OAKS DR TITUSVILLE, FL 32780
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRANATH, ROBERT 2465 CHRISTINE DR. TITUSVILLE, FL 32796	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHILDREE, KAREN 3585 SKIMMER LN TITUSVILLE, FL 32796
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, EMBER 2513 DOROTHY CIRCLE TITUSVILLE, FL 32780	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHILDREE, KAREN 3585 SKIMMER LN TITUSVILLE, FL 32796
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FESMIRE, JAMES 4865 CATHEDRAL WAY TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHILDREE, KAREN 3585 SKIMMER LN TITUSVILLE, FL 32796
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FARRIS, HOWARD 2915 WESTWOOD DRIVE TITUSVILLE, FL 32796	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHILDREE, KAREN 3585 SKIMMER LN TITUSVILLE, FL 32796
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
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.					
<b>SIGNATURE:</b> <u><i>Robert E. Granath</i></u> <span style="float: right;">1/10/07 (321) 267-7125</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					