


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

FILED

**Jan 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # N03358 1. Entity Name TITUSVILLE COMPUTER CLUB, INC.	
---	---

Principal Place of Business %ROBERT MURRAY 890 ALFORD STREET TITUSVILLE, FL 32796	Mailing Address %ROBERT MURRAY 890 ALFORD STREET TITUSVILLE, FL 32796
---	---



01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2357245	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MURRAY, ROBERT 890 ALFORD STREET TITUSVILLE, FL 32796	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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	VD
NAME	MURRAY, ROBERT B.
STREET ADDRESS	890 ALFORD ST.
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	D
NAME	DELANCEY, JOE
STREET ADDRESS	550 MENDAL LANE
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	TD
NAME	CLARK, RICHARD C
STREET ADDRESS	2865 LIBERTY AVE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	SD
NAME	GULICK, JESSE
STREET ADDRESS	2815 HEMLOCK CT
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	PD
NAME	MURRAY, DELL S
STREET ADDRESS	895 ALFORD ST
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000184016
01/20/05-80013-007 61.25

**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)(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: Robert Murray ROBERT MURRAY 1-12-05 321-267-3746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #