2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N03358

1. Entity Name
TITUSVILLE COMPUTER CLUB, INC.

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

DO NOT WRITE IN THIS SPACE

01042008 | No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2357245
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, ROBERT
890 ALFORD STREET
TITUSVILLE, FL 32796

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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 _____ 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, 2008

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	2615 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	

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01/16/08-80012-023 61.25

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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 Robert B. Murray Robert B. MURRAY 1-10-08 321-267-3746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #