

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03358

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: TITUSVILLE COMPUTER CLUB, INC.

## Current Principal Place of Business:

%ROBERT MURRAY  
890 ALFORD STREET  
TITUSVILLE, FL 32796

## New Principal Place of Business:

## Current Mailing Address:

%ROBERT MURRAY  
890 ALFORD STREET  
TITUSVILLE, FL 32796

## New Mailing Address:

FEI Number: 59-2357245

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MURRAY, ROBERT  
890 ALFORD STREET  
TITUSVILLE, FL 32796 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: MURRAY, ROBERT B.,  
Address: 890 ALFORD ST.  
City-St-Zip: TITUSVILLE, FL

Title: D ( ) Delete  
Name: DELANCEY, JOE  
Address: 550 MENDAL LANE  
City-St-Zip: TITUSVILLE, FL

Title: TD ( ) Delete  
Name: CLARK, RICHARD C  
Address: 2865 LIBERTY AVE  
City-St-Zip: TITUSVILLE, FL 32780

Title: SD ( ) Delete  
Name: GULICK, JESSE,  
Address: 2615 HEMLOCK CT  
City-St-Zip: TITUSVILLE, FL

Title: PD ( ) Delete  
Name: MURRAY, DELL S  
Address: 895 ALFORD ST  
City-St-Zip: TITUSVILLE, FL 32796

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: MANZI, ANDY,  
Address: 5100 KIRKWOOD TRAIL  
City-St-Zip: TITUSVILLE, FL 32780

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT B. MURRAY

RA

01/09/2009

Electronic Signature of Signing Officer or Director

Date