2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03358

Entity Name

TITUSVILLE COMPUTER CLUB, INC.



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90131 023 ****61.25

Principal Place of Business %ROBERT MURRAY 890 ALFORD STREET TITUSVILLE FL 32796 2. Principal Place of Business			Mailing Address %ROBERT MURRAY 890 ALFORD STREET TITUSVILLE FL 32796										
2. Finicipal Flace of Business			3. Mailing Address						0			III OLONI 1881	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State					4. FEI Number 59-2357245				Applied For Not Applicable	
Zip Country			Zip Co			untry		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name	ed Agent				7. Name and Add	ress of New Regist				j		
						Name							1
MURRAY, ROBERT 890 ALFORD STREET						Street Address (P.O. Box Number is Not Acceptable)							
HOSVILL	E FL 32796	- engres of the second		وبنسديء ببدارها		City	<u> </u>			FL	Zip Coc	le	
8. The above	named entity	submits this statement for	the ouro	eose of changing its	registere	d office or	registere	ed agent, or both, in t	the State of Florida.		niliar with.	and accept	┨
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 reinstating) DATE													
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State					
10.		OFFICERS AND DIRE	ECTORS		11.		Α	DDITIONS/CHANGE	S TO OFFICERS AF	ND DIRE	CTORS IN	l 10	1
	VD MURRAY, R 890 ALFOR TITUSVILLE	D ST.		☐ Delete		i i				(Change	☐ Addition	00/07/2001
	D DELANCEY, 550 MENDA TITUSVILLE	JOE NL LANE	•	Delete			и				☐ Change	☐ Addition	18
	TD	ANNYESA DR.	فتقوير يبدء	☐ Delete	STRE	EET ADDRESS	r -a ≹ \$	and the second		_	Change	Addition	
TITLE NAME STREET ADDRESS,	SD GULICK, JE 2615 HEML TITUSVILLE	SSE OCK CT		☐ Delete		ſ	-			[☐ Change	☐ Addition	1
TITLE NAME STREET ADDRESS	PD MURRAY, D 895 ALFOR TITUSVILLE	ELL S D ST		☐ Delete		ſ				[Change	Addition	
NAME STREET ADDRESS (CITY-ST-ZIP				☐ Delete							Change	Addition	1

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: KOSONERS WILLIAM 321-269-3746