

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90251 021 \*\*\*\*61.25

**DOCUMENT # N05000000833**

1. Entity Name  
**HEART OF TITUS MINISTRIES, INC.**



Principal Place of Business  
**234 N WESTMONTE DR SUITE 3000  
 ALTAMONTE SPRINGS, FL 32714**

Mailing Address  
**234 N WESTMONTE DR SUITE 3000  
 ALTAMONTE SPRINGS, FL 32714**



2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02232006 Chg-NP CR2E037 (11/05)

4. FEL Number  
**20-2182011**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NARDELLA, ANTHONY M JR  
 234 N WESTMONTE DR SUITE 3000  
 ALTAMONTE SPRINGS, FL 32714**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 resigning)

**Filing Fee is \$61.25 Due by May 1, 2006**

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 DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NARDELLA, ANTHONY M JR</b>	
STREET ADDRESS	<b>234 N WESTMONTE DR SUITE 3000</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL 32714</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCGUFFIN, PAT</b>	
STREET ADDRESS	<b>289 LAKE DOE BLVD</b>	
CITY-ST-ZIP	<b>APOPKA, FL 32703</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WATSON, TOMMY R</b>	
STREET ADDRESS	<b>1966 CRANBERRY ISLES WAY</b>	
CITY-ST-ZIP	<b>APOPKA, FL 32712</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Anthony M. Nardella Jr.* **ANTHONY M NARDELLA JR. PRES 5/23/06 407-571-6720**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #