

**FILE NOW: FILING FEE IS \$615**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra Boham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N22209** (3)

1. Corporation Name

**TITUS COMMUNITY OUTREACH HARVEST CENTER CHURCH, INCORPORATED**



Principal Place of Business

Mailing Address

TITUS HARVEST CENTER  
JACKSONVILLE FL 32246  
US

9960 BYRNES RD  
JACKSONVILLE FL 32246

3. Date Incorporated or Qualified  
**08/25/1987**

3a. Date of Last Report  
**01/31/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**59-3025228**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

WASHINGTON, MRS. APRIL V.  
11541 KABROON CT.  
JACKSONVILLE FL 32246

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*April V. Washington*

*Jan. 18, 1996*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

**12. OFFICERS AND DIRECTORS**

TITLE  DELETE  
NAME **PD WASHINGTON, RODNEY J.**  
STREET ADDRESS **11451 KABROON COURT**  
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE  DELETE  
NAME **SD WASHINGTON, APRIL**  
STREET ADDRESS **11451 KABROON COURT**  
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE  DELETE  
NAME **TD PETTIWAY, BRODERICK**  
STREET ADDRESS **808 ALDEN RD**  
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE  DELETE  
NAME **D REFOUR, FAYE** *Faye Refour*  
STREET ADDRESS **198 ARORA BLVD**  
CITY - ST - ZIP **ORANGE PARK FL**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE  Change  Addition  
2.2 NAME  
3.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition  
6.2 NAME  
7.3 STREET ADDRESS  
8.4 CITY - ST - ZIP

9.1 TITLE  Change  Addition  
10.2 NAME  
11.3 STREET ADDRESS  
12.4 CITY - ST - ZIP

13.1 TITLE  Change  Addition  
14.2 NAME  
15.3 STREET ADDRESS  
16.4 CITY - ST - ZIP

17.1 TITLE  Change  Addition  
18.2 NAME  
19.3 STREET ADDRESS  
20.4 CITY - ST - ZIP

21.1 TITLE  Change  Addition  
22.2 NAME  
23.3 STREET ADDRESS  
24.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Mrs. April V. Washington*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 724-6769  
Daytime Phone #

CR2E037 (12/95)