

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90814 001 \*\*\*183.75

**DOCUMENT # N22209**

1. Entity Name  
**TITUS HARVEST DOME SPECTRUM CHURCH, INC.**



Principal Place of Business: 12335 ATLANTIC BLVD. JACKSONVILLE, FL 32225 US  
 Mailing Address: 10551 BEACN BLVD. JACKSONVILLE, FL 32246 US

**66418073**



2. Principal Place of Business		3. Mailing Address		04302004	Chg-NP	CR2E037 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3025228		Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WASHINGTON, RODNEY J 9960 BYRNES RD. JACKSONVILLE, FL 32246				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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WASHINGTON, RODNEY J SR.			NAME			
STREET ADDRESS	9960 BYRNES ROAD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32246			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WASHINGTON, APRIL			NAME			
STREET ADDRESS	9960 BYRNES ROAD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32246			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETTIWAY, BRODERICK			NAME			
STREET ADDRESS	808 ALDEN RD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REFOUR, FAYE			NAME			
STREET ADDRESS	198 ARORA BLVD			STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK, FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WASHINGTON, ABRAHAM L			NAME			
STREET ADDRESS	9960 BYRNES ROAD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32246			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Rodney J. Washington, Sr.* **4/30/04** (904) 646-9991  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*PASTOR R J WASHINGTON, SR.*