


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

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N22209**

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



Principal Place of Business      Mailing Address

**12335 ATLANTIC BLVD.  
JACKSONVILLE, FL 32225    US**      **10551 BEACH BLVD.  
JACKSONVILLE, FL 32246    US**

**DO NOT WRITE IN THIS SPACE**



02052006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**59-3025228**      Not Applicable

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

6. Name and Address of Current Registered Agent

**WASHINGTON, RODNEY J  
9960 BYRNES RD  
JACKSONVILLE, FL 32246**

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IN THIS SPACE**

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 renewing)

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

9. Election Campaign Financing  
Trust Fund Contribution.       **\$5.00** May Be Added to Fees

000000454361  
03/15/06-80012-014 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASHINGTON, RODNEY J SR. 9960 BYRNES ROAD JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WASHINGTON, APRIL 9960 BYRNES ROAD JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETTIWAY, BRODERICK 808 ALDEN RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REFOUR, FAYE 198 ARORA BLVD ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHINGTON, ABRAHAM L 9960 BYRNES ROAD JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:** *Patrick Rodney Washington Sr.*      Feb 17<sup>th</sup> 2006      904-724-6769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Citytime Phone #