


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N22209</b> 1. Entity Name <b>TITUS HARVEST DOME SPECTRUM CHURCH, INC.</b>	
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Principal Place of Business <b>12335 ATLANTIC BLVD. JACKSONVILLE FL 32225 US</b>	Mailing Address <b>10551 BEACN BLVD. JACKSONVILLE FL 32246 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number <b>59-3025228</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>WASHINGTON, RODNEY J 9960 BYRNES RD JACKSONVILLE FL 32246</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 and address. (NOTE: Registered Agent signature required when registering) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2008</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:</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD WASHINGTON, RODNEY J SR.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, RODNEY J SR.	NAME	U00000914145
STREET ADDRESS	9960 BYRNES ROAD	STREET ADDRESS	02/13/08-80032-021 61.25
CITY-ST-ZIP	JACKSONVILLE FL 32246	CITY-ST-ZIP	
TITLE	SD	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	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	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	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 exemptions contained in Section 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: *Apr 16 Washington 11/29/08 (904) 646-9990*