


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90407 032 ****61.25

| | | | | | |
|---|-------------------------------|---|--|---|--|
| DOCUMENT # N50443 1. Entity Name FAITH BAPTIST CHURCH OF TITUSVILLE, INC. | | | |  | |
| Principal Place of Business 1220 N. CARPENTER ROAD TITUSVILLE, FL 32796 US | | | | Mailing Address 1220 N CARPENTER ROAD TITUSVILLE, FL 32796 US | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 04282005 Chg-NP CR2E037 (10/03) | |
| 4. FEI Number 59-2955318 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| COPPOCK, JEREMY P 1676 S. PARK AVENUE TITUSVILLE, FL 32780 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | TP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COPPOCK, JEREMY P | | NAME | | |
| STREET ADDRESS | 1676 S PARK AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TITUSVILLE, FL 32796 | | CITY-ST-ZIP | | |
| TITLE | TS | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | AKINS, DIXIE | | NAME | Pauline Fay Lamb | |
| STREET ADDRESS | 4305 AURANTIA ROAD | | STREET ADDRESS | 3820 Cottonwood Dr. | |
| CITY-ST-ZIP | MIMS, FL 32754 | | CITY-ST-ZIP | Titusville, FL 32780 | |
| TITLE | TT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LENGEFELD, STEVE | | NAME | | |
| STREET ADDRESS | 3073 LANTERN COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | TITUSVILLE, FL 32796 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HALES, W H | | NAME | | |
| STREET ADDRESS | 2918 ELDER ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | TITUSVILLE, FL 32796 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COLLIER, JOHN | | NAME | | |
| STREET ADDRESS | 3190 WESTWOOD DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | TITUSVILLE, FL | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COLEBAUGH, CHRISTOPHER | | NAME | | |
| STREET ADDRESS | 2730 DUTTON DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TITUSVILLE, FL 32780 | | 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |