

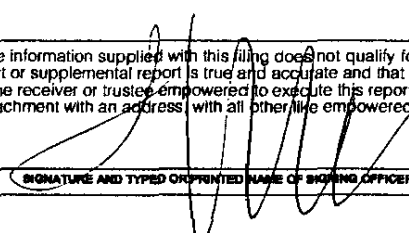


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90037 021 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																											
City & State		City & State		02072007 Chg-NP CR2E037 (12/06)																																																																																																																									
Zip		Country		4. FEI Number 59-2955318																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																											
6. Name and Address of Current Registered Agent COPPOCK, JEREMY P 1676 S. PARK AVENUE TITUSVILLE, FL 32780				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 930 Cristobal Dr City <div style="text-align: right;">FL</div> 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 _____ <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, 2007		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																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">TP</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COPPOCK, JEREMY P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1676 S PARK AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TITUSVILLE, FL 32796</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TS</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LAMB, PAULINE FAY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3820 COTTONWOOD DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TITUSVILLE, FL 32780</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TT</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LENGEFELD, STEVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3073 LANTERN COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TITUSVILLE, FL 32796</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COLEBAUGH, CHRISTOPHER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2730 DUTTON DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TITUSVILLE, FL 32796</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COLLIER, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3190 WESTWOOD DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TITUSVILLE, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">TP</td> <td style="width: 15%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Coppock, Jeremy P.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>930 Cristobal Dr.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Titusville, FL 32780</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	TP	<input type="checkbox"/> Delete	NAME	COPPOCK, JEREMY P		STREET ADDRESS	1676 S PARK AVENUE		CITY-ST-ZIP	TITUSVILLE, FL 32796		TITLE	TS	<input type="checkbox"/> Delete	NAME	LAMB, PAULINE FAY		STREET ADDRESS	3820 COTTONWOOD DR		CITY-ST-ZIP	TITUSVILLE, FL 32780		TITLE	TT	<input type="checkbox"/> Delete	NAME	LENGEFELD, STEVE		STREET ADDRESS	3073 LANTERN COURT		CITY-ST-ZIP	TITUSVILLE, FL 32796		TITLE	T	<input type="checkbox"/> Delete	NAME	COLEBAUGH, CHRISTOPHER		STREET ADDRESS	2730 DUTTON DRIVE		CITY-ST-ZIP	TITUSVILLE, FL 32796		TITLE	T	<input type="checkbox"/> Delete	NAME	COLLIER, JOHN		STREET ADDRESS	3190 WESTWOOD DR.		CITY-ST-ZIP	TITUSVILLE, FL		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	TP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Coppock, Jeremy P.		STREET ADDRESS	930 Cristobal Dr.		CITY-ST-ZIP	Titusville, FL 32780		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:  Jeremy P Coppock <u>2/12/07</u> <u>321-268-5420</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													