

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90025 018 \*\*\*\*61.25

**DOCUMENT # N94000001903**

1. Corporation Name

**FIRST PENTECOSTAL CHURCH OF TITUSVILLE, INC.**

Principal Place of Business

**95 BROWN AVENUE  
TITUSVILLE FL 32796**

Mailing Address

**95 BROWN AVENUE  
TITUSVILLE FL 32796**



2. Principal Place of Business

**21 1010 NORWOOD AVE. FL 32796**

2a. Mailing Address

**26 1010 NORWOOD AVE  
TITUSVILLE, FL 32796**

3. Date Incorporated or Qualified

**04/15/1994**

4. FEI Number

**59-2469296**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

City & State

**23 32796-1241**

City & State

**28**

Zip

Country

**24 25 USA**

Zip

Country

**29 30 USA**

9. Name and Address of Current Registered Agent

**KENNEDY, HAROLD REV.  
3224 VIRGINIA DRIVE  
TITUSVILLE FL 32796**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D  
NAME EASTMAN, DAVID  
STREET ADDRESS 730 KEY ROAD  
CITY-ST-ZIP TITUSVILLE FL 32780**

TITLE ☐ DELETE

**D  
NAME KENNEDY, HAROLD III  
STREET ADDRESS 3212 VIRGINIA DRIVE  
CITY-ST-ZIP TITUSVILLE FL 32780**

TITLE ☐ DELETE

**D  
NAME VAUGHN, DAVID E.  
STREET ADDRESS 1700 QUEEN ST  
CITY-ST-ZIP TITUSVILLE FL**

TITLE ☐ DELETE

**D  
NAME WELLS, JOEL L  
STREET ADDRESS 2835 LIBERTY AVENUE  
CITY-ST-ZIP TITUSVILLE FL 32780**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**HAROLD KENNEDY**

**3-24-99**

**407-269-7646**

Date

Daytime Phone #

CR2E037 (11/98)