2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N94000001903 01-24-2005 90029 024 ****61.25 FIRST PENTECOSTAL CHURCH OF TITUSVILLE, INC. Principal Place of Business Mailing Address 1010 NORWOOD AVE 1010 NORWOOD AVE TITUSVILLE, FL 32796 TITUSVILLE, FL 32796 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-2469296 Applied For Not Applicable Ζip Country Ζp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KENNEDY, HAROLD REV. Street Address (P.O. Box Number is Not Acceptable) 3224 VIRGINIA DRIVE .--TITUSVILLE, FL 32796 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent eignsture required when renstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE ☐ Addition ☐ Change EASTMAN, DAVID NAME NAME STREET ADDRESS 730 KEY ROAD STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 32780 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition KENNEDY, HAROLD III NAME NAME STREET ADORESS 3212 VIRGINIA DRIVE STREET ADDRESS TITUSVILLE, FL 32780 CITY-ST-ZIP CITY-ST-ZIP Detete ☐ Change Addition VAUGHN, DAVID E. NAME NAME STREET ADDRESS 1700 QUEEN ST STREET ADDRESS CITY-ST-7/P TITUSVILLE. FL. COY-ST-ZP ☐ Delete TITLE TITLE ☐ Addition Change NAME WELLS, JOEL L 3077 GREEN TURTLE CIRCLE 2835 LIBERTY AVENUE STREET ADORESS STREET ADDRESS CITY-ST-ZP TITUSVILLE, FL 32780 CITY-ST-ZIP MIMS, FL 32754 TITLE TITLE Addition Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME MAKE STREET ADDRESS STREET ADDRESS COY-ST-7P CITY-ST-7IP 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 817. 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.

HAROLD

FILED

Jan 24, 2005 8:00 am