

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, FL 32399
Secretary of State
Tallahassee, FL 32399

APPROVED
FILED

05/09/1994

DOCUMENT # **N94000002278 (9)**

TITUSVILLE GIBSON COMMUNITY ASSOCIATION, INC.

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Office of Corporation		Mailing Address	
3880 PINETOP BLVD TITUSVILLE FL 32796		3880 PINETOP BLVD TITUSVILLE FL 32796	

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified	3a. Date of Last Report
05/09/1994	
4. FIC Number	Appoint For
593-25-7131	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
☐	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
☐	
8. This corporation has liability for intangible tax under S. 193.037, Florida Statutes	☒ Yes ☐ No

2. Principal Office of Corporation	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent	
WILLIAMS, FRANK E 3880 PINETOP BLVD. TITUSVILLE FL 32796	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE _____
Type and print (typed) registered agent or registered agent's authorized representative. (If the registered agent is a corporation, the name of the corporation and the name of the authorized representative must also be typed.)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL NAMES OF OFFICERS, DIRECTORS, OR AGENTS	
NAME	D CANNON, ANTHONY E 4870 CATHEDRAL WAY TITUSVILLE FL 32780	NAME	D and President Williams, Frank E. 3880 Pinetop Boulevard Titusville, FL 32796
NAME	D DIGGS, J. ALBERT JR. 5120 KIRKWOOD TRAIL TITUSVILLE FL 32780	NAME	
NAME	D GOLDEN, LYNN 1100 COUNTRY CLUB ROAD TITUSVILLE FL 32780	NAME	
NAME	D GREEN, ERIC 1956 N. CARPENTER ROAD TITUSVILLE FL 32796	NAME	
NAME	D JOHNSON, EARL W 1321-J CHENEY HIGHWAY TITUSVILLE FL 32780	NAME	
NAME	D LAWS, LORENZO DR. 720 OLIVE AVENUE TITUSVILLE FL 32780	NAME	

14. I, _____, hereby certify that the information supplied with this filing is substantially true and correct and that the corporation is in good standing under the laws of the State of Florida. 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 receive this report as required by Chapter 17, Florida Statutes, and that my name appears on Block 12 or Block 13, as required, on this annual report or supplemental report.

SIGNATURE: Frank E. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/95 (407) 267-3961