FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996

SIGNATURE: When signature

DIVISION OF CORPORATIONS

DOCUMENT # N9400002278 (9) 1. Corporation Name									
TITUSVI	LLE GIBSON COMMUNITY	ASSOCIATION, INC.							
Principal Place o	of Business	Mailing Address				- - - - - - - - - - - - - - - - - - -	ALKI DOKU BUKU		199 1 (111 110)
3880 PINETOP BLVD.		3880 PINETOP BLVD.							
TITUSVILLE FL		TITUSVILLE FL 32796							
						3. Date Incorporated or Qualified 05/09/1994	3a. Date 05	of Last Re 5/01/19	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number Applied For				
21		26				59-3257131			ot Applicable Additional
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		+	equired	
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	У		8. This corporation has liability for in Florida Statutes	tangible tax ι Yes 👿 Να		99.032,
24	25 9. Name and Address of Current	1=-1	0			10. Name and Address of New Re			
	g. Hamo and Radioso of Content		81	Na	me				
WILLIAMS, FRANK E			82	Sti	eet Addr	ess (P.O. Box Number is Not Acceptable	»)		
	IETOP BLVD.		B3	_					
TITUSVIL	LE FL 32796			1					
ė.			84	Cit	у		FL	85 Zip	Code
11. Pursuant to	o the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	-name	ed corpor	ation submits this statement for the purp of of directors. I hereby accept the appoi	ose of chang	jing its re	gistered office
or registere	ed agent, or both, in the State of Florid h, and accept the obligations of, Section	 a. Such change was authorized on 617.0503, Florida Statutes. 	by the cor	poraki	on's boar -	rd of directors. I hereby accept the appoi	nimeni as re	gisiereu a	agent. rain
i				Tr	un	h & Willen	~~~ <u>~</u>	45/	96
	Frank E. Williams Signature, typed or printed name of registered agent:		Registered Ag	ent sign	ature required	d when reinstating) ADDITIONS/CHANGES TO OF FIRE	CERS AND E	DIRECTOF	
12.	OFFICERS AND	DELETE	1.1 TITLE		$\neg \neg$	Secretary		Change	Addition
NAME	WILLIAMS, FRANK E	_	1.2 NAME	1.2 NAME		Rita Davis 742 WA	SNER S	Τ.	
STREET ADDRESS	3880 PINEROP BOULEVARD		1.3 STREET ADDRES		RESS 📗 🎝	P. O. Box 6149		327	180
CITY - ST - ZIP	TITUSVILLE FL		1.4 CITY			itusville, FL 32782		Change	☐ Addition
TITLE	D	DELETE	2.1 TITLE			Treasurer		Griange	Addition
NAME	DIGGS, J. ALBERT JR.	i	2.2 NAME 2.3 STREET AD			Anthony E. Cannion			
STREET ADDRESS	5120 KIRKWOOD TRAIL TITUSVILLE FL 32780		2.3 STREET AL			4870 Cathedral Way Titusville, FL 32780	•		_
CITY-ST-ZIP TITLE	D	TEL 32/80		3.1 TITLE		IIIISVIIIE, FL 32/00] Change	☐ Addition
NAME	GOLDEN, LYNN		3.2 NAME		1	•			
STREET ADDRESS	1100 COUNTRY CLUB ROAD		3.3 STRE	ET ADO	ress				
CITY-ST-ZIP	TITUSVILLE FL 32780	C DELETE		3.4. CITY-ST-ZIP				1 Change	Addition
TITLE	D D	DELETE	4.1 HILL				L	,	
NAME execut apposes	GREEN, ERIC 1956 N. CARPENTER ROAD		4. 2 NAN 4.3 STRE		RESS	קל ז החחחק	2440	7	
STREET ADDRESS	TITUSVILLE FL 32796		4.4 CITY			-04/09/96011	2902i	.	
CITY-ST-ZIP TITLE	D	DELETE	5 1 TITLE			70000177 -04/09/96011 ***61,25		Change	☐ Addition
NAME	JOHNSON, EARL W		52 NAM	ΙE					
STREET ADDRESS	1321-J CHENEY HIGHWAY		5.3 STR						
CITY - ST - ZIP	TITUSVILLE FL 32780	DELETE	5.4 CITY - ST - ZIP 6.1 THILE		P] Change	Addition
TITLE	D LANGE LODGNIZO DD		6.2 NAN				_	- •	_
NAME STREET ADDRESS	LAWS, LORENZO DR. 720 OLIVE AVENUE		6.3 STR		ORESS				
li i	TITUO: #11 E EL 00700		0.4.00		.				
14. I do heret	by certify that the information supplied	with this filing is voluntarily furnis	hed and d	oes n	ot qualify	for the exemption stated in Section 119 ate and that my signature shall have the	07(3)(k), Flori same legal €	da Statut effect as if	.es. I turther f made under
certify that oath; that appears i	at the information indicated on this and t I am an officer or director of the corp in Block 12 or Block 13 frehanged or	or at a tracking a rule of a tracking a rule or the receiver or trustee or a attachment with an address	empowere ss.	ed to e	xecute th	for the exemption stated in Section 119 rate and that my signature shall have the his report as required by Chapter 617, Fi	orida Statute	s; and tha	at my name

Anthony E. Cannion, Treasurer

CR2E037 (12/95)

7) 264-52