



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000004663	
1. Entity Name PENTECOSTAL HOUSE OF FAITH MINISTRY OF TITUSVILLE INC.	

Principal Place of Business 1180 WHISPERING HILLS ROAD TITUSVILLE, FL 32780 US	Mailing Address 839 GIBSON ST. TITUSVILLE, FL 32780 US
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DO NOT WRITE IN THIS SPACE

	
02202007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 20-5308252	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROWN, ERNEST M 839 GIBSON ST. TITUSVILLE, FL 32780	DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, ERNEST 839 GIBSON ST. TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BROWN, SHOLANDA M 839 GIBSON ST. TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HILLERY, SONYA 1505 KINGS CT TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHATFIELD, JACQUELINE 3025 DAIRY RD. TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/06/07-80020-024 61.25

DO NOT WRITE
IN THIS SPACE

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: Ernest M. Brown **02/20/07 (3a) 269-2755**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #