

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000000981 (7)**
1. Corporation Name

TITUS MISSION CHURCH, INC.

Principal Place of Business

RT 2, BOX 4420
JENNINGS FL

Mailing Address

RT 2, BOX 4420
JENNINGS FL

FILED
Feb 02 1998 8:00am
Secretary of State



3. Date Incorporated or Qualified
02/13/1997

4. FEI Number ☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
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9. Name and Address of Current Registered Agent

BRIGGS, FORICE
RT 2, BOX 4420
JENNINGS FL

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 PD
NAME BRIGGS, FORICE
STREET ADDRESS RT 2, BOX 4420
CITY-ST-ZIP JENNINGS FL ☐ DELETE

TITLE VD
NAME GRINER, LUTHER
STREET ADDRESS P O BOX 189
CITY-ST-ZIP JASPER FL 32052 ☒ DELETE

TITLE STD
NAME BRIGGS, TISHIER
STREET ADDRESS RT 2, BOX 4420
CITY-ST-ZIP JENNINGS FL ☐ DELETE

TITLE D
NAME LEACH, ALFRED JR
STREET ADDRESS P O BOX 1063 N/A
CITY-ST-ZIP TAMPA FL 33569 ☐ DELETE

TITLE D
NAME LEACH, HATTIE V
STREET ADDRESS P O BOX 1063 N/A
CITY-ST-ZIP TAMPA FL 33569 ☐ DELETE

TITLE D
NAME RODRIGUEZ, RHETT
STREET ADDRESS RT 2, BOX 4420
CITY-ST-ZIP JENNINGS FL ☐ DELETE

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 **I. J. CARGILE**
2.3 STREET ADDRESS **5964 CRYSTAL LAKE PARK RD**
2.4 CITY-ST-ZIP **VALDOSTA GA. 31601-0850**

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.

SIGNATURE: **Kenneth W. Briggs** 1-11-98 904 938-2529

CR2E037 (10/97)