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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90132 036 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000000981					
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		



2. Principal Place of Business 21 7024 NW 22ND PL Suite, Apt. #, etc.		2a. Mailing Address 26 7024 NW 22ND PL Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/13/1997	
22 City & State JENNINGS FLA		27 City & State JENNINGS, FLA.		4. FEI Number NOT APPLICABLE	
23 Zip 32053		28 Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 32053		29 32053		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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) 7024 NW 22ND PL 83 84 City JENNINGS FL 85 Zip Code 32053			
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRIGGS, FORICE RT 2, BOX 4420 JENNINGS FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 7024 NW 22ND PL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARGILE, I J 5964 CLAYATTVILLE LAKE PARK RD VALDOSTA GA 31601	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRIGGS, TISHER RT 2, BOX 4420 JENNINGS FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7024 NW 22ND PL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEACH, ALFRED JR P O BOX 1063 N/A TAMPA FL 33569	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEACH, HATTIE V P O BOX 1063 N/A TAMPA FL 33569	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, RHETT RT 2, BOX 4420 JENNINGS FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **2-19-99** **904 938-2529**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)