

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005970

FILED
Apr 28, 2008
Secretary of State

Entity Name: UNITED CHRISTIAN FELLOWSHIP OF TITUSVILLE, INC.

Current Principal Place of Business:

609 DUMMIT AVE.
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

609 DUMMIT AVE.
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 59-3542580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WARREN, JAMES W JR.
609 DUMMIT AVE.
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WARREN, JULIUS
Address: 2126 TROPIC ST
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: GANTT, DONALD
Address: 660 MIMOSA AVE
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: HICKMAN, IZELL
Address: 938 W.C. STAFFORD STREET
City-St-Zip: TITUSVILLE, FL 32780

Title: TD () Delete
Name: MOORE, WILLIE M
Address: 2913 IVY STREET
City-St-Zip: TITUSVILLE, FL 32796

Title: PD () Delete
Name: WARREN, JAMES W JR.
Address: 125 W. TOWNE PLACE
City-St-Zip: TITUSVILLE, FL 32796

Title: SD () Delete
Name: WARREN, LYNNETTE A
Address: 125 W. TOWNE PLACE
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE MAE MOORE

TD

04/28/2008

Electronic Signature of Signing Officer or Director

Date