

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
95 JUN 16 AM 10:24

DOCUMENT # 734940 (0)
1. Corporation Name
TABERNACLE BAPTIST CHURCH OF TITUSVILLE, INC.

Principal Place of Business Mailing Address
TITUSVILLE, INC. 3575 KELLY ROAD MIMS FL 32754
TITUSVILLE, INC. 3575 KELLY ROAD MIMS FL 32754

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/11/1976	3a. Date of Last Report 05/27/1994
4. FEI Number 59-2320545	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**WILSON, HERBERT H.
3575 KELLY ROAD
MIMS FL 32754**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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: *Herbert H. Wilson* DATE: **6-7-95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when vacating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, H. H.	12 NAME	
STREET ADDRESS	3575 KELLY ROAD	13 STREET ADDRESS	
CITY - ST - ZIP	MIMS FL	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, THOMAS E.	22 NAME	
STREET ADDRESS	2525 TITUS AVE.	23 STREET ADDRESS	
CITY - ST - ZIP	TITUSVILLE FL	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, LEONARD E.	32 NAME	Burnett Day
STREET ADDRESS	3490 OLIVER CT.	33 STREET ADDRESS	3140 Angyle Rd,
CITY - ST - ZIP	MIMS FL	34 CITY - ST - ZIP	Titusville, FL, 32796
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAKE, JAMES	42 NAME	
STREET ADDRESS	3200 GRANTLINE ROAD	43 STREET ADDRESS	
CITY - ST - ZIP	MIMS FL	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, T.B.	52 NAME	
STREET ADDRESS	5010 PANTHER LANE	53 STREET ADDRESS	
CITY - ST - ZIP	MIMS FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 the 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: *James C. Flake* **JAMES C. FLAKE** 6-7-95 (407) 269-2784
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date (Day/Mo/Yr)

CR2E037 (3/95)