


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90008 032 ****61.25

DOCUMENT # 734940
1. Entity Name
TABERNACLE BAPTIST CHURCH OF TITUSVILLE, INC.



Principal Place of Business Mailing Address
TITUSVILLE, INC. **TITUSVILLE, INC.**
3575 KELLY ROAD **PO BOX 642**
MIMS FL 32754 **MIMS FL 32754**

54024613



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **59-2320545** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HUMPHREYS, DAVID A
3575 KELLY ROAD
MIMS FL 32754

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HUMPHREYS, DAVID A	
STREET ADDRESS	3575 KELLY ROAD	
CITY-ST-ZIP	MIMS FL 32754	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREEMAN, THOMAS E.	
STREET ADDRESS	3170 KEITH LN	
CITY-ST-ZIP	MIMS FL 32754	
TITLE	T	<input type="checkbox"/> Delete
NAME	HIGGINBOTHAM, JOHN P	
STREET ADDRESS	4990 PANTHER LN	
CITY-ST-ZIP	MIMS FL 32754	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREEMAN, T.B.	
STREET ADDRESS	5010 PANTHER LANE	
CITY-ST-ZIP	MIMS FL 32754	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Freeman, James E.	
STREET ADDRESS	5010 Panther Lane	
CITY-ST-ZIP	Mims, FL 32754	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *David A. Humphreys* **DAVID A. Humphreys** **3-28-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #