


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

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



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

Mailing Address
TITUSVILLE, INC.
PO BOX 642
MIMS, FL 32754



03302005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUMPHREYS, DAVID A 3575 KELLY ROAD MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, THOMAS E. 3170 KEITH LN MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HIGGINBOTHAM, JOHN P 4990 PANTHER LN MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, JAMES E 5010 PANTHER LANE MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000232124
04/07/05-80058-011 61.25

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** **4-3-05** **3214728695**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Line Phone #