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**Feb 24, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 734940

1. Corporation Name  
**TABERNALE BAPTIST CHURCH OF TITUSVILLE, INC.**

DEPARTMENT OF STATE



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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/11/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2320545
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Country 29	
	Country 30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, HERBERT H.  
 3575 KELLY ROAD  
 MIMS FL 32754

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, H. H.	1.2 NAME	#
STREET ADDRESS	3575 KELLY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIMS FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, THOMAS E.	2.2 NAME	D Freeman, Thomas E.
STREET ADDRESS	2525 TITUS AVE.	2.3 STREET ADDRESS	3170 Keith Ln.
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP	Mims FL 32754
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINBOTHAM, JOHN P	3.2 NAME	
STREET ADDRESS	4990 PANTHER LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIMS FL 32754	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, T.B.	4.2 NAME	
STREET ADDRESS	5010 PANTHER LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIMS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Herbert H. Wilson  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-99 407-269-3180  
 Date Daytime Phone #

CR2E037 (1/198)