

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90286 036 ****61.25

SV14200

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**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS \$61.25

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	
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** 4/20/03 321 383-9206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)