

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 APR 19 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26047 (3)

1. Corporation Name
MT. TABOR BAPTIST CHURCH, INC.

Principal Place of Business 3504 MT. TABOR ROAD LAKELAND FL 33809	Mailing Address 3504 MT. TABOR ROAD LAKELAND FL 33809
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/22/1988	3a. Date of Last Report 04/21/1994
4. FEI Number 59-2942408	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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"/>	\$68.75 Supplemental Fee Not Required
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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**SHULTZ JR, FARRELL E
4311 E KNIGHTS GRIFFIN RD
PLANT CITY FL 33565**

10. Name and Address of New Registered Agent

81. Name **Gary Coleman**
82. Street Address (P.O. Box Number is Not Acceptable)
4520 Ivy Fern Drive
83. City **Lakeland** FL 85. Zip Code **33809**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *X Gary Coleman* **Gary Coleman** 04/11/95
Signature, typed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCLAIN, JOHN
STREET ADDRESS	3628 PALM ROAD
CITY-ST-ZIP	LAKELAND FL
TITLE	D
NAME	CHESTNUT, GEORGE DAVID
STREET ADDRESS	2805 WALKER ROAD
CITY-ST-ZIP	LAKELAND FL
TITLE	P
NAME	HARRELSON, WAYNE W.
STREET ADDRESS	3504 HARRELSON RD.
CITY-ST-ZIP	LAKELAND FL
TITLE	T
NAME	BUCHANON, JAMES C., JR.
STREET ADDRESS	5835 ROSS CREEK RD.
CITY-ST-ZIP	LAKELAND FL
TITLE	S
NAME	PHELPS, LINNIE
STREET ADDRESS	2840 WIREGRASS RD.
CITY-ST-ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Secretary
5.3 STREET ADDRESS	Causey, Naoma
5.4 CITY-ST-ZIP	3605 Mt. Tabor Road Lakeland, FL 33809
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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.

SIGNATURE: *James C. Buchanon Jr.* **James C. Buchanon Jr. (Treasurer)** April 11, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Type in Month & Day)

(813)858-1113