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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N26047
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



2. Principal Place of Business 21 3504 Mount Tabor Rd. Suite, Apt. #, etc.	2a. Mailing Address 26 3504 Mount Tabor Rd. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 04/22/1988
22	27	4. FEI Number 59-2942408 Applied For <input type="checkbox"/> Not Applicable
23 City & State Lakeland, FL Zip 33810 Country	28 City & State Lakeland, FL Zip 33810 Country	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

9. Name and Address of Current Registered Agent COLEMAN, GARY 4520 IVY FERN DR LAKELAND FL 33810	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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: *Gary M. Coleman* Gary M. Coleman DATE: 02/12/1999

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAIN, JOHN	1.2 NAME	
STREET ADDRESS	3628 PALM ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKERSON JR., CLYDE	2.2 NAME	
STREET ADDRESS	3630 CHART PRINE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELSON, WAYNE W.	3.2 NAME	
STREET ADDRESS	3504 HARRELSON RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANON, JAMES C., JR.	4.2 NAME	
STREET ADDRESS	5835 ROSS CREEK RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIDGEN, DAWN	5.2 NAME	
STREET ADDRESS	5030 BRIDAL PATH DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	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: *James C. Buchanan Jr* SIGNATURE REQUIRED 02/26/99 (941)858-3608
James C. Buchanan Jr Date Daytime Phone #

CR2E037 (1/198)