

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**  
 03-22-2000 90076 036 \*\*\*\*70.00

**DOCUMENT # N26047**  
 1. Entity Name  
**MT. TABOR BAPTIST CHURCH, INC.**

Principal Place of Business      Mailing Address  
**3504 MT. TABOR ROAD**      **3504 MT. TABOR ROAD**  
**LAKELAND FL 33810**      **LAKELAND FL 33810-0794**

2. Principal Place of Business      3. Mailing Address  
**3504 Mount Tabor Road**      **3504 Mount Tabor Road**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Lakeland FL**      **Lakeland FL**  
 Zip      Country      Zip      Country  
**33810 USA**      **33810 USA**

4. FEI Number      Applied For  
**59-2942408**       Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**COLEMAN, GARY**  
**4520 IVY FERN DR**  
**LAKELAND FL 33810**

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.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCLAIN, JOHN</b> <b>3628 PALM ROAD</b> <b>LAKELAND FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILKERSON JR., CLYDE</b> <b>3630 CHART PRINE ROAD</b> <b>LAKELAND FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HARRELSON, WAYNE W.</b> <b>3504 HARRELSON RD.</b> <b>LAKELAND FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BUCHANON, JAMES C., JR.</b> <b>5835 ROSS CREEK RD.</b> <b>LAKELAND FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PRIDGEN, DAWN</b> <b>5030 BRIDAL PATH DR</b> <b>LAKELAND FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>S</b> <b>Debbie Cloud</b> <b>3434 Harrelson Rd.</b> <b>Lakeland, FL 33810</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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. **James C. Buchanon Jr. (Treasurer)**

SIGNATURE: James C. Buchanon Jr.      02/20/2000 (863)858-3608  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)