2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005
Secretary of State

DOCUMENT# N26047

Entity Name: MT. TABOR BAPTIST CHURCH, INC.

Current Principal Place of Business:

3504 MT. TABOR ROAD
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

3504 MT. TABOR ROAD
LAKELAND, FL 33810

New Mailing Address:

FEI Number: 59-2942408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLINGFORD, BILL
3503 PUBLIX RD
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KASSLER, TOM
Address: 2575 WALKER RD.
City-St-Zip: LAKELAND, FL 33810

Title: P ( ) Delete
Name: WILKERSON JR., CLYDE
Address: 3630 CHART PRINE ROAD
City-St-Zip: LAKELAND, FL 33810

Title: T ( ) Delete
Name: BUCHANON, JAMES C.,, JR.
Address: 5835 ROSS CREEK RD.
City-St-Zip: LAKELAND, FL

Title: S ( ) Delete
Name: CLOUD, DEBBIE
Address: 3434 HARRELSON RD.
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLYDE WILKERSON P 03/24/2005

Electronic Signature of Signing Officer or Director Date