

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 24 AM 11:33

DOCUMENT # 706437 (1)
T. Corporation Name
MOUNT TABOR MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address
2805 W GRACE ST TAMPA FL 33607-5242 **2805 W GRACE ST TAMPA FL 33607-5242**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/18/1963** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2645242** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IHS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

8. Name and Address of Current Registered Agent
**JEFFERSON, JOHNNY
3009 ST CONRAD ST
TAMPA FL 33607**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JENKINS, ARIZONA
STREET ADDRESS	4210 GREEN ST
CITY - ST - ZIP	TAMPA, FL 00000
TITLE	DV
NAME	JEFFERSON, JOHNNY
STREET ADDRESS	3009 ST CONRAD ST
CITY - ST - ZIP	TAMPA, FL 00000
TITLE	S
NAME	COX, JOSEPH
STREET ADDRESS	717 HARLON
CITY - ST - ZIP	TAMPA FL
TITLE	T
NAME	NEAL, TOM
STREET ADDRESS	1525 NASSAU STREET
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	HODGES, JOHNSON
STREET ADDRESS	1801 N. MANHATTAN
CITY - ST - ZIP	TAMPA FL
TITLE	Hicks, George
NAME	1318 Nassau St.
STREET ADDRESS	Tampa, FL
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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: Johnny H. Jefferson 2-15-95 247-8810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone