

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business: **2606 W GRACE ST TAMPA FL 33607-5242**
Mailing Address: **2606 W GRACE ST TAMPA FL 33607-5242**

3. Date Incorporated or Qualified: **11/18/1963**
3a. Date of Last Report: **02/24/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2645242	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JEFFERSON, JOHNNY 3009 ST CONRAD ST TAMPA FL 33607				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ DATE: _____
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	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENKINS, ARIZONA	1.2 NAME	Edward Pulphus
STREET ADDRESS	4210 GREEN ST	1.3 STREET ADDRESS	8910 Hadley Ct
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	Tampa, FL
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERSON, JOHNNY	2.2 NAME	Jefferson, Johnny
STREET ADDRESS	3009 ST CONRAD ST	2.3 STREET ADDRESS	3009 St Conrad St
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP	Tampa, FL
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, JOSEPH	3.2 NAME	
STREET ADDRESS	717 HARLON	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEAL, TOM	4.2 NAME	Walker, wilmon
STREET ADDRESS	1525 NASSAU STREET	4.3 STREET ADDRESS	2520 St. Conrad St
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGES, JOHNSON	5.2 NAME	
STREET ADDRESS	1801 N. MANHATTAN	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, GEORGE	6.2 NAME	
STREET ADDRESS	1318 NASSAU ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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 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 April 21, 1996 247-8810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)