FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPÓRATIONS

DOCUMENT # 706437

1318 NASSAU ST

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

TAMPA FL

STREET ADDRESS

CITY-\$T-ZIP

MOUNT TABOR MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address 2606 W GRACE ST 2606 W GRACE ST TAMPA FL 33607-5242 TAMPA FL 33607-5242 3a. Date of Last Report 04/25/1996 3. Date Incorporated or Qualified 11/18/1963 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2645242 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign financing \$5.00 May Be 23 **Trust Fund Contribution** 28 Added to Fees Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes THO 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent R1 Name JEFFERSON, JOHNNY 82 Street Address (P.O. Box Number is Not Acceptable) 3009 ST CONRAD ST 83 **TAMPA FL 33607** 64 City Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, 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 Statules. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Rog sered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE TITLE DP 1.1 TITLE Change Addition Gilbert Charles PULPHUS, EDWARD NAME 1.2 NAME 708 W. Park AVC. 8910 HADLEY COURT STREET ADDRESS 1,3 STREET ADDRESS TAMON, FL 33602-**TAMPA, FL 00000** 1,4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2111111 Change Addition TITLE NAME JEFFERSON, JOHNNY 2 NAME 3009 ST CONRAD ST STREET ADDRESS 2.3 STREET ADDRESS TAMPA, FL 00000 CITY-ST-ZIP 2,4 CITY-S1-ZIP DELETE 3.1 TITLE Change Addition TITLE COX, JOSEPH NAME 312 NAME 717 HARLON STREET ADDRESS 3,3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 3,4. CITY-S1-ZIP TITLE DELETE 4,1 TITLE Change Addition Walker, Wilmon Street NAME WALKER, WILMON 4 2 NAME STREET ADDRESS 2520 ST. CONRAD STREET 4,3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 4,4 CITY-ST-ZIP Tampai DELETÉ Change Addition TITLE 5.5 1111.6 HODGES, JOHNSON 5.2 NAME NAME 1801 N. MANHATTAN STREET ADDRESS 53 STREET ADDRESS TAMPA FL CITY-ST-ZIP 5,4 CITY-ST-ZIP Addition DELETE TITLE 65 TITLE NAME HICKS, GEORGE

62 NAME

63 STREET ADDRESS

6,4 CITY - \$1 - ZIP 14. I do 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 eath; 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