

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90204 039 \*\*\*\*61.25

**DOCUMENT # 706437**

1. Entity Name

**MOUNT TABOR MISSIONARY BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

2606 W GRACE ST  
 TAMPA FL 33607-5242

2606 W GRACE ST  
 TAMPA FL 33607-5242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2645242**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JEFFERSON, JOHNNY**  
**3009 ST CONRAD ST**  
**TAMPA FL 33607**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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          | DV                     | <input type="checkbox"/> Delete |
| NAME           | GILBERT, CHARLES       |                                 |
| STREET ADDRESS | 70 BAW PARK AVE        |                                 |
| CITY-ST-ZIP    | TAMPA, FL 00000        |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | JEFFERSON, JOHNNY      |                                 |
| STREET ADDRESS | 3009 ST. CONRAD ST     |                                 |
| CITY-ST-ZIP    | TAMPA, FL 00000        |                                 |
| TITLE          | S                      | <input type="checkbox"/> Delete |
| NAME           | COX, JOSEPH            |                                 |
| STREET ADDRESS | 717 HARLON             |                                 |
| CITY-ST-ZIP    | TAMPA FL               |                                 |
| TITLE          | DP                     | <input type="checkbox"/> Delete |
| NAME           | WALKER, WILMON         |                                 |
| STREET ADDRESS | 2520 ST. CONRAD STREET |                                 |
| CITY-ST-ZIP    | TAMPA FL               |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | HODGES, JOHNSON        |                                 |
| STREET ADDRESS | 1801 N. MANHATTAN      |                                 |
| CITY-ST-ZIP    | TAMPA FL               |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | HICKS, GEORGE          |                                 |
| STREET ADDRESS | 1318 NASSAU ST         |                                 |
| CITY-ST-ZIP    | TAMPA FL               |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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.

SIGNATURE: \_\_\_\_\_

*Joseph Cox*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/01

Date

(813) 877-7443

Daytime Phone #

CR2E037 (10/00)