

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 # 708878 (4)

1. Corporation Name
MOUNT TABOR MISSIONARY BAPTIST CHURCH, INC. OF TALLEVAST, FLORIDA



Principal Place of Business: **1703 TALLAVAST ROAD, P.O. BOX 229, TALLAVAST FL 34270**
Mailing Address: **1703 TALLAVAST ROAD, P.O. BOX 229, TALLAVAST FL 34270**

3. Date Incorporated or Qualified: **05/03/1965**
3a. Date of Last Report: **06/20/1995**
4. FEI Number: **65-0049709**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**WARD, CLIFFORD BILLY
1605 TALLEVAST ROAD
TALLEVAST FL 33588**

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRYOR, LOUIS	1.2 NAME	
STREET ADDRESS	7610 16TH ST. CT. EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLEVAST FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATHERINGTON, HELEN	2.2 NAME	
STREET ADDRESS	1915 TALLEVAST ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLEVAST FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, SHIRLEY	3.2 NAME	
STREET ADDRESS	1714 17TH ST. CT. EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLEVAST FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATHERINGTON, CLIFFORD	4.2 NAME	
STREET ADDRESS	1915 TALLEVAST ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLEVAST FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, CLIFFORD	5.2 NAME	
STREET ADDRESS	1605 TALLEVAST ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLEVAST FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, RAYMOND	6.2 NAME	
STREET ADDRESS	7615 16TH ST. CT. EAST	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLEVAST 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: *Clifford Billy Ward* **3/31/96** **351-1312**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)