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FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708878 (4)
1. Corporation Name
MOUNT TABOR MISSIONARY BAPTIST CHURCH, INC. OF TALLEVAST, FLORIDA



Principal Place of Business 1703 TALLEVAST ROAD P.O. BOX 229 TALLEVAST FL 34270	Mailing Address 1703 TALLEVAST ROAD P.O. BOX 229 TALLEVAST FL 34270-0229
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3. Date Incorporated or Qualified 05/03/1965	3a. Date of Last Report 04/25/1996
4. FEI Number 65-0049709	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	PRYOR, LOUIS	
STREET ADDRESS	7610 18TH ST. CT. EAST	
CITY-ST-ZIP	TALLEVAST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEATHERINGTON, HELEN	
STREET ADDRESS	1915 TALLEVAST ROAD	
CITY-ST-ZIP	TALLEVAST FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	THOMAS, SHIRLEY	
STREET ADDRESS	1714 17TH ST. CT. EAST	
CITY-ST-ZIP	TALLEVAST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEATHERINGTON, CLIFFORD	
STREET ADDRESS	1915 TALLEVAST ROAD	
CITY-ST-ZIP	TALLEVAST FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WARD, CLIFFORD	
STREET ADDRESS	1605 TALLEVAST ROAD	
CITY-ST-ZIP	TALLEVAST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARD, RAYMOND	
STREET ADDRESS	7615 18TH ST. CT. EAST	
CITY-ST-ZIP	TALLEVAST FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 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, unchanged, or on an attachment with an address.

SIGNATURE: *Clifford D. Ward, Clifford D. Ward* 4/15/97 355-4800 355-9216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063004

CR2E037 (9/96)