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FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 05/03/1965	
4. FEI Number 65-0049709	Applied For <input type="checkbox"/> Yes <input checked="" 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>N/A</i>	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
 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 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 if changed, or on an attachment with an address.

SIGNATURE: *Clifford Ward* 4/1/98 351-1312

CR2E037 (10/97)