

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708878

1. Entity Name

MOUNT TABOR MISSIONARY BAPTIST CHURCH, INC. OF T

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0049709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARD, CLIFFORD BILLY
1605 TALLEVAST ROAD
TALLEVAST FL 33588

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 P ☐ Delete
NAME PRYOR, LOUIS
STREET ADDRESS 7610 16TH ST. CT. EAST
CITY-ST-ZIP TALLEVAST FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HEATHERINGTON, HELEN
STREET ADDRESS 1915 TALLEVAST ROAD
CITY-ST-ZIP TALLEVAST FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME THOMAS, SHIRLEY
STREET ADDRESS 1714 17TH ST. CT. EAST
CITY-ST-ZIP TALLEVAST FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HEATHERINGTON, CLIFFORD
STREET ADDRESS 1915 TALLEVAST ROAD
CITY-ST-ZIP TALLEVAST FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME WARD, CLIFFORD
STREET ADDRESS 1605 TALLEVAST ROAD
CITY-ST-ZIP TALLEVAST FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WARD, RAYMOND
STREET ADDRESS 7615 16TH ST. CT. EAST
CITY-ST-ZIP TALLEVAST FL

TITLE ☐ Change ☐ 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:

Clifford B. Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/01 (44) 355-9216
Date Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90208 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)