


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 25, 2004 8:00 am**  
**Secretary of State**

06-25-2004 90002 037 \*\*\*\*61.25

**DOCUMENT # 708878**

1. Entity 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  
 P.O. BOX 141  
 TALLEVAST, FL 34270

54058814



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

04282004 Chg-NP CR2E037 (10/03)

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**

**WARD, CLIFFORD BILLY**  
**1605 TALLEVAST ROAD**  
**TALLEVAST, FL 33588**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PRYOR, LOUIS</b>	
STREET ADDRESS	<b>7610 16TH ST. CT. EAST</b>	
CITY-ST-ZIP	<b>TALLEVAST, FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HEATHERINGTON, HELEN</b>	
STREET ADDRESS	<b>1915 TALLEVAST ROAD</b>	
CITY-ST-ZIP	<b>TALLEVAST, FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, SHIRLEY</b>	
STREET ADDRESS	<b>1714 17TH ST. CT. EAST</b>	
CITY-ST-ZIP	<b>TALLEVAST, FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HEATHERINGTON, CLIFFORD</b>	
STREET ADDRESS	<b>1915 TALLEVAST ROAD</b>	
CITY-ST-ZIP	<b>TALLEVAST, FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WARD, CLIFFORD</b>	
STREET ADDRESS	<b>1605 TALLEVAST ROAD</b>	
CITY-ST-ZIP	<b>TALLEVAST, FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WARD, RAYMOND</b>	
STREET ADDRESS	<b>7615 16TH ST. CT. EAST</b>	
CITY-ST-ZIP	<b>TALLEVAST, FL</b>	

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:** *Clifford Billy Ward* **Clifford Billy Ward** **May 5, 2004** **(41) 351-1313**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

54058814

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Division of Corporations

2004 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.

Document Number

708878

Business Entity Name

MOUNT TABOR MISSIONARY BAPTIST CHURCH, INC. OF TALLEVAST, FLORIDA

Original File Date

05/03/1965

FBI Number 65-0049709
Principal Address 1703 TALLAVAST ROAD
P.O. BOX 229
TALLAVAST, FL 34270
Mailing Address P.O. BOX 141
TALLAVAST, FL 34270
Registered Agent CLIFFORD BILLY WARD
1605 TALLEVAST ROAD
TALLEVAST, FL 33588 US

Officer/Director Name And Address

P
LOUIS PRYOR
7610 16TH ST. CT. EAST
TALLEVAST, FL

D
HELEN HEATHERINGTON
1915 TALLEVAST ROAD
TALLEVAST, FL

S
SHIRLEY THOMAS
1714 17TH ST. CT. EAST
TALLEVAST, FL

D
CLIFFORD HEATHERINGTON
1915 TALLEVAST ROAD

*Attachment*

TALLEVAST, FL

708878  
54058814

T  
CLIFFORD WARD  
1605 TALLEVAST ROAD  
TALLEVAST, FL

D  
RAYMOND WARD  
7615 16TH ST. CT. EAST  
TALLEVAST, FL

If all of the above information is correct  
and you do not wish to make any  
changes, please select:

No Changes

If you need to make changes to  
the above information, please  
select:

Make Changes

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*Attachment*

*574058814*

Division of Corporations

Annual Report

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Document Number

708878

Business Entity Name

MOUNT TABOR MISSIONARY BAPTIST CHURCH, INC. OF TALLEVAST, FLORIDA

FEI Number

650049709

FEI-Number Status

Applied For  Not Applicable  Current

Certificate of Status Desired

Yes  No

Principal Place of Business

Address

1703 TALLEVAST ROAD

Suite, Apt. #, etc.

P.O. BOX 229

City, State

TALLEVAST, FL

Zip Code & Country

34270

Mailing Address

Address

P.O. BOX 141

Suite, Apt. #, etc.

City, State

TALLEVAST, FL

Zip Code & Country

34270

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

WARD CLIFFORD BILLY

-or- RA Business Name

Address

1605 TALLEVAST ROAD

Suite, Apt. #, etc.

City, State

TALLEVAST, FL

Zip Code & Country

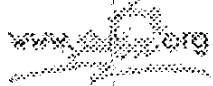
33588 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

*Clifford B. Ward*

54058814



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Business Entity Name

MOUNT TABOR MISSIONARY BAPTIST CHURCH, INC. OF TALLEVAST, FLORIDA

Election Campaign Financing Trust Fund Contribution  Yes  No

Officer/Director Name And Address

Title P

Name (Last, First, Middle, Title) PRYOR LOUIS

-or- Entity Name

Street Address 7610 16TH ST. CT. EAST

City, State TALLEVAST FL

Zip Code & Country

Title D

Name (Last, First, Middle, Title) HEATHERINGTON HELEN

-or- Entity Name

Street Address 1915 TALLEVAST ROAD

City, State TALLEVAST FL

Zip Code & Country

Title S

Name (Last, First, Middle, Title) THOMAS SHIRLEY

-or- Entity Name

Street Address 1714 17TH ST. CT. EAST

City, State TALLEVAST FL

Zip Code & Country

Title D

Name (Last, First, Middle, Title) HEATHERINGTON CLIFFORD

-or- Entity Name

*Attachment*

*54058814*  
*208878*

Street Address: 1915 TALLEVAST ROAD  
 City, State: TALLEVAST, FL  
 Zip Code & Country:

Title: T  
 Name (Last, First, Middle, Title): WARD CLIFFORD

-or- Entity Name

Street Address: 1605 TALLEVAST ROAD  
 City, State: TALLEVAST, FL  
 Zip Code & Country:

Title: D  
 Name (Last, First, Middle, Title): WARD RAYMOND

-or- Entity Name

Street Address: 7615 16TH ST. CT. EAST  
 City, State: TALLEVAST, FL  
 Zip Code & Country:

List more than six Officers/Directors  No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title:  
 Officer/Director Signature:

*Registered Corporate Agent*  
*Clifford D. Ward*

Continue Cancel

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## Division of Corporations

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