


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

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	



04282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0049709	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE Registered Agent signature required when reappointing) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PRYOR, LOUIS 7610 16TH ST. CT. EAST TALLEVAST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEATHERINGTON, HELEN 1915 TALLEVAST ROAD TALLEVAST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S THOMAS, SHIRLEY 1714 17TH ST. CT. EAST TALLEVAST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEATHERINGTON, CLIFFORD 1915 TALLEVAST ROAD TALLEVAST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WARD, CLIFFORD 1605 TALLEVAST ROAD TALLEVAST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WARD, RAYMOND 7615 16TH ST. CT. EAST TALLEVAST, FL

U00000355452
05/03/05-60149-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05 (941) 355-9216
Date Daytime Phone #