

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 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**

DO NOT WRITE IN THIS SPACE



04062006 No Chg-NP

CR2E037 (11/05)

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**

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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05/11/06-80060-017 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #