


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 708878 1. Entity Name MOUNT TABOR MISSIONARY BAPTIST CHURCH, INC. OF TALLEVAST, FLORIDA	
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Principal Place of Business 1703 TALLEVAST ROAD P.O. BOX 229 TALLEVAST, FL 34270	Mailing Address P.O. BOX 141 TALLEVAST, FL 34270
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08082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0049709	Applied For <input type="checkbox"/> Not Applicable
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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**

**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 _____
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 September 14, 2007**

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

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09/14/07-80005-016 70.00

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IN THIS SPACE**

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:

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

8/31/07 *(944) 355-9216*
Date Daytime Phone #