

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708878

FILED  
May 05, 2008  
Secretary of State

**Entity Name:** MOUNT TABOR MISSIONARY BAPTIST CHURCH, INC. OF TALLEVAST, FLORIDA

**Current Principal Place of Business:**

1703 TALLEVAST ROAD  
P.O. BOX 229  
TALLEVAST, FL 34270

**New Principal Place of Business:**

1703 TALLEVAST ROAD  
229  
TALLEVAST, FL 34270

**Current Mailing Address:**

P.O. BOX 141  
TALLEVAST, FL 34270

**New Mailing Address:**

1703 TALLEVAST ROAD  
P.O BOX 141  
TALLEVAST, FL 34270

**FEI Number:** 65-0049709      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: PRYOR, LOUIS  
Address: 7610 16TH ST. CT. EAST  
City-St-Zip: TALLEVAST, FL

Title: D      ( ) Delete  
Name: HEATHERINGTON, HELEN  
Address: 1915 TALLEVAST ROAD  
City-St-Zip: TALLEVAST, FL

Title: S      ( ) Delete  
Name: THOMAS, SHIRLEY  
Address: 1714 17TH ST. CT. EAST  
City-St-Zip: TALLEVAST, FL

Title: D      ( ) Delete  
Name: HEATHERINGTON, CLIFFORD  
Address: 1915 TALLEVAST ROAD  
City-St-Zip: TALLEVAST, FL

Title: T      ( ) Delete  
Name: WARD, CLIFFORD  
Address: 1605 TALLEVAST ROAD  
City-St-Zip: TALLEVAST, FL

Title: D      ( ) Delete  
Name: WARD, RAYMOND  
Address: 7615 16TH ST. CT. EAST  
City-St-Zip: TALLEVAST, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD WARD

REGI

05/05/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date