2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# 708878

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

Current Principal Place of Business:

1703 TALLAVAST ROAD
229
TALLAVAST, FL 34270

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0049709 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:	
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: STEFAN WARD MR 04/24/2009

Electronic Signature of Signing Officer or Director — Date