

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90263 035 ****61.25

0091228

DOCUMENT # 708878

1. Entity Name

**MOUNT TABOR MISSIONARY BAPTIST CHURCH, INC. OF T
ALLEVAST, FLORIDA**



Principal Place of Business

**1703 TALLAVAST ROAD
P.O. BOX 229
TALLAVAST FL 34270**

Mailing Address

**1703 TALLAVAST ROAD
P.O. BOX 229
TALLAVAST FL 34270**

2. Principal Place of Business

3. Mailing Address

P.O. Box 141

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, Fla

4. FEI Number **65-0049709**

Applied For

Not Applicable

Zip

Country

Zip

Country

34270

Monroe

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3/31/03 (941) 351-1312

CR2E037 (10/02)