


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2005 8:00 am
Secretary of State

05-19-2005 90046 034 ****74.00

DOCUMENT # N00000006815 1. Entity Name MT. TABOR AFRICAN METHODIST EPISCOPAL CHURCH OF OCALA, INC.	
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Principal Place of Business 5410 NW 27TH AVE OCALA, FL 34475	Mailing Address 5410 NW 27TH AVE OCALA, FL 34475
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DO NOT WRITE IN THIS SPACE



05132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1858861	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, HORACE E
 248 N DR M L KING JR. BLVD
 DAYTONA BEACH, FL 32114

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 7, 2005

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	PD NELSON, T PATRICIA REV P O BOX 34 COLEMAN, FL 33521
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUDSON, BILLIE 6061 NW 54TH TERR OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRIFFIN, DELORIS K 1805 NW 25TH AVE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, WILLIAM 7576 NW HWY 441 OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, YVONNE 5410 NW 27TH AVE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Rev. J. Patricia Nelson; Rev. T. Patricia Nelson May 13, 2005 - 352-732-5834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #