2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000006815

1. Entity Name
MT. TABOR AFRICAN METHODIST EPISCOPAL CHURCH OF OCALA, INC.

Principal Place of Business	Mailing Address
5410 NW 27TH AVE OCALA, FL 34475	5410 NW 27TH AVE OCALA, FL 34475

DO NOT WRITE IN THIS SPACE

07112006 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1858861

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 ____________________

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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07/12/06-80005-005 70.00

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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: T. Patricia Nelson, Pastor - T. Patricia Nelson, Pastor July 11, 06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR