2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N00000006815

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

Current Principal Place of Business:

5410 NW 27TH AVE
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

5410 NW 27TH AVE
OCALA, FL 34475

New Mailing Address:

FEI Number: 59-1858861 **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:

HILL, HORACE E
248 N DR M L KING JR. BLVD
DAYTONA BEACH, FL 32114 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:	PD	( ) Delete
Name:	NELSON, T PATRICIA REV	
Address:	P O BOX 34	
City-St-Zip:	COLEMAN, FL 33521	
Title:	SD	( ) Delete
Name:	HUDSON, BILLIE	
Address:	6061 NW 54TH TERR	
City-St-Zip:	OCALA, FL 34482	
Title:	TD	( ) Delete
Name:	VEREEN, BRENDA	
Address:	7440 S.E. 22ND AVENUE	
City-St-Zip:	OCALA, FL 34480 US	
Title:	D	( ) Delete
Name:	JAMES, WILLIAM	
Address:	7576 NW HWY 441	
City-St-Zip:	OCALA, FL 34475	
Title:	D	( ) Delete
Name:	WILLIAMS, YVONNE	
Address:	5410 NW 27TH AVE	
City-St-Zip:	OCALA, FL 34475	
Title:	ST	( ) Delete
Name:	FIELDS, VELVET	
Address:	10 SPRING COURSE	
City-St-Zip:	OCALA,, FL 34472 US	

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: T. PATRICIA NELSON, PASTOR REV. 05/01/2008

Electronic Signature of Signing Officer or Director — Date