

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006815

FILED  
May 20, 2009  
Secretary of State

**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 (X)**  
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:**

**Name and Address of New Registered Agent:**

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

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: REV. T. PATRICIA NELSON

REV

05/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date