

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006815

FILED
May 30, 2012
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 US

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 ()

Name and Address of Current Registered Agent:

NELSON, T. PATRICIA
4817 PINE AVENUE
COLEMAN, FL 33521 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
Name: NELSON, T PATRICIA REV
Address: P O BOX 34
City-St-Zip: COLEMAN, FL 33521 US

Title: SD
Name: HUDSON, BILLIE
Address: 6061 NW 54TH TERR
City-St-Zip: OCALA, FL 34482 US

Title: TD
Name: VEREEN, BRENDA
Address: 7440 S.E. 22ND AVENUE
City-St-Zip: OCALA, FL 34480 US

Title: D
Name: JAMES, WILLIAM
Address: 7576 NW HWY 441
City-St-Zip: OCALA, FL 34475 US

Title: D
Name: WILLIAMS, YVONNE
Address: 5410 NW 27TH AVE
City-St-Zip: OCALA, FL 34475 US

Title: ST
Name: FIELDS, VELVET
Address: 10 SPRING COURSE
City-St-Zip: OCALA,, FL 34472 US

I hereby 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 all other like empowered.

SIGNATURE: T. PATRICIA NELSON, PASTOR

REV.

05/30/2012

Electronic Signature of Signing Officer or Director

Date