

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004342

FILED
Sep 14, 2009
Secretary of State

Entity Name: MT. TABOR MINISTRIES, INC.

Current Principal Place of Business:

1864 NW 93TH TERR
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

1864 NW 93TH TERR
MIAMI, FL 33147

New Mailing Address:

PO BOX 551821
OPA-LOCKA, FL 33055

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

MIKELL, BURNICE L SR
1864 NW 93TH TERR
MIAMI, FL 33147 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: P () Delete
Name: MIKELL, BURNICE L SR
Address: 1864 NW 93RD TERR
City-St-Zip: MIAMI, FL 33147

Title: VP () Delete
Name: MIKELL, VIVIAN
Address: 1864 NW 93RD TERR
City-St-Zip: MIAMI, FL 33147

Title: S () Delete
Name: ANDERSON, IDA
Address: 1864 NW 93RD TERRANCE
City-St-Zip: MIAMI, FL 33147

Title: T () Delete
Name: MIKELL, BURNICE L SR
Address: 1864 NW 93RD TERR
City-St-Zip: MIAMI, FL 33147

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:

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: BURNICE MIKELL

P

09/14/2009

Electronic Signature of Signing Officer or Director

Date