


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90049 006 \*\*\*\*61.25

**DOCUMENT # N06000011276**

1. Entity Name  
**MOUNT TABOR MISSIONARY BAPTIST CHURCH OF MARIANNA, INC.**



Principal Place of Business  
 3695 POPULAR SPRINGS ROAD  
 MARIANNA, FL 32446

Mailing Address  
 3695 POPULAR SPRINGS ROAD  
 MARIANNA, FL 32446



2. Principal Place of Business - No P.O. Box #  
*M.T. Tabor Missionary Baptist Church of Marianna Inc.*

3. Mailing Address  
*3695 Popular Spring Rd.*

01072007 Chg-NP CR2E037 (12/08)

City & State  
*MARIANNA, FL*

City & State  
*MARIANNA, FL 32446*

Zip  
*32446*

Country  
*SAckson*

Zip  
*32446*

Country  
*SAckson*

4. FEI Number  
*20-5804690*

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 COBB, DAVID  
 3695 POPULAR SPRINGS ROAD  
 MARIANNA, FL 32446

7. Name and Address of New Registered Agent  
 Name *DAVID COBB*  
 Street Address (P.O. Box Number is Not Acceptable)  
*5637 Blue Springs Road*  
 City *Greenwood* FL Zip Code *32443*

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 *David Cobb* *David Cobb* DATE *01-16-2007*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing) DATE

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, HENRY L 6021 HARTSFIELD ROAD GREENWOOD, FL 32443 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLAMY, WILLIAM JR 4105 CLAY STREET MARIANNA, FL 32448 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALHOUN, ROBERT 3310 CALHOUN ROAD GREENWOOD, FL 32443 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBB, DAVID 5637 BLUE SPRING ROAD GREENWOOD, FL 32443 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMMONS, AUBREY D 6051 LEONARD DRIVE MARIANNA, FL 32446 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANBERRY, CHEPHUS 3562 SYLVANIA PLANTATION ROAD GREENWOOD, FL 32443 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Willie Hartsfield 3772 Flat Road Greenwood, FL 32443 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arthur James Horne 6142 Horne Lane Greenwood, FL 32443 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David Cobb* DATE *01-16-2007* DAYTIME PHONE # *950-536-1944*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #