2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2008
Secretary of State

DOCUMENT# N07000010474

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

Current Principal Place of Business:

685 OAKLAND DRIVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

685 OAKLAND DRIVE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

YOUNG, MCKINLEY BISHOP
101 E. UNION STREET
SUITE 300
JACKSONVILLE, FL 32202 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: D ( ) Delete
Name: WILLIAMS, ADOLPHUS
Address: 2033 WEST SOUTH STREET
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete
Name: JONES, MAMIE L
Address: 3526 CALLOWAY DRIVE
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete
Name: BADIE, EUNICE
Address: 545 HILLVIEW DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete
Name: BROWN, GENE A
Address: 618 RIVERVIEW AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete
Name: GRACE, BETTY
Address: 1805 37TH STREET
City-St-Zip: ORLANDO, FL 32839

Title: D ( ) Delete
Name: FUTCHER, ROBIN
Address: 200 MORNING GLORY DR.
City-St-Zip: LAKE MARY, FL 32748

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: GENEALLENBROWN CHR 05/03/2008
Electronic Signature of Signing Officer or Director — Date