

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46671

FILED
Feb 12, 2008
Secretary of State

Entity Name: MT. TABOR FIRST BAPTIST CHURCH, INC.

Current Principal Place of Business:

4909 ST JOHNS AVENUE
PALATKA, FL 32177 US

New Principal Place of Business:

Current Mailing Address:

4909 ST JOHNS AVENUE
PALATKA, FL 32177 US

New Mailing Address:

FEI Number: 59-2959234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TOWNSEND, WILLIAM L. JR
200 REID ST
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

THE MCLEOD FIRM
1200 PLANTATION ISLAND DRIVE
ST. AUGUSTINE, FL 32084 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: ROBERT L. MCLEOD

02/12/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLAGG, REV. KARL N
Address: 1700 OAK STREET
City-St-Zip: PALATKA, FL 32177

Title: CD () Delete
Name: DORSEY, FREDDIE L SR.
Address: 3224 BLAIR DRIVE
City-St-Zip: PALATKA, FL 32177

Title: VD () Delete
Name: BIVINS, ALTON
Address: 343 ALABAMA AVENUE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: LOCKHART, DONALD SR.
Address: PO BOX 624
City-St-Zip: PALATKA, FL 32177

Title: S () Delete
Name: KELLY, LILA M
Address: 202 FLORIDA TRAIL
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: SESSION, KAREN
Address: PO BOX 33
City-St-Zip: EAST PALATKA, FL 32131

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
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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: KARL N. FLAGG

P

02/12/2008

Electronic Signature of Signing Officer or Director

Date