

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000011694

**Entity Name:** NEW MOUNT TABOR MISSIONARY BAPTIST CHURCH INC

**Current Principal Place of Business:**

33 RAIL ROAD AVENUE SOUTH  
POMONA PARK, FL 32181

**Current Mailing Address:**

P.O. BOX 181  
POMONA PARK, FL 32181 US

**FEI Number:** 84-3623687

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

VICKERS, JAMES E  
2605 HUSSON AVENUE  
PALATKA, FL 32177 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name VICKERS, JAMES E  
Address 2605 HUSSON AVENUE  
City-State-Zip: PALATKA FL 32177

Title DEA  
Name WILLIAMS, NORRIS  
Address P.O. BOX 935  
City-State-Zip: CRESCENT CITY FL 32112

Title DEA  
Name HERLONG, CALVESTER  
Address 164 BROWARD AVENUE  
City-State-Zip: POMONA PARK FL 32181

Title DEA  
Name SIMMONS, WILLIE  
Address P.O. BOX 76  
City-State-Zip: POMONA PARK FL 32181

Title SEC  
Name GOODRUM, BERNICE  
Address P.O. BOX 182  
City-State-Zip: POMONA PARK FL 32181

Title TRUS  
Name MCDONALD, GEORGIA  
Address 111 BROWARD AVENUE SOUTH  
City-State-Zip: POMONA PARK FL 32181

*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:** JAMES E. VICKERS

**PRESIDENT**

**01/11/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date