

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

DOCUMENT# N46671

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

**Current Principal Place of Business:**

4909 ST JOHNS AVENUE  
PALATKA, FL 32177

**Current Mailing Address:**

4909 ST JOHNS AVENUE  
PALATKA, FL 32177 US

**FEI Number:** 59-2959234

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SENIOR PASTOR, CEO, PRESIDENT  
Name FLAGG, REV. KARL N  
Address 2601 FAIRWAY DRIVE  
City-State-Zip: PALATKA FL 32177

Title TRUSTEE CHAIRMAN  
Name SESSION, KAREN  
Address 106 SCHOOL STREET  
City-State-Zip: EAST PALATKA FL 32131

Title TREASURER  
Name WATKINS, REBECCA  
Address 4510 ROYAL STREET  
City-State-Zip: PALATKA FL 32177

Title DEACON, TRUSTEE  
Name MARSHALL, FRED C  
Address 1608 BRONSON STREET  
City-State-Zip: PALATKA FL 32177

Title ASSISTANT PASTOR, VP  
Name RAYBURN, CLINTON  
Address 4409 PONTIAC STREET  
City-State-Zip: PALATKA FL 32177

Title DEACON, TRUSTEE, VC  
Name GORDON, RUDY  
Address 158 LIVE OAK STREET  
City-State-Zip: SAN MATEO FL 32187

Title SECRETARY, DEACONESS  
Name MCRAE, VICTORIA  
Address 4408 COBALT STREET  
City-State-Zip: PALATKA FL 32177

Title TRUSTEE, DEACON CHAIRMAN  
Name WHITTY, TONY  
Address 281 DUVAL STREET  
City-State-Zip: ST AUGUSTINE FL 32084-3926

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*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:** FLAGG , REV. KARL N

SENIOR  
PASTOR/PRESIDENT/CEO

05/01/2021

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title OTHER, CHURCH OPERATIONS COORDINATOR  
Name HOLIDAY, HARRIETT  
Address 9 WOOD HAVEN DRIVE  
City-State-Zip: PALM COAST FL 32164