

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46671

**FILED**  
**Mar 14, 2023**  
**Secretary of State**  
**6930853170CC**

**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/PAST CHAIRMAN  
Name SESSION, KAREN  
Address 106 SCHOOL STREET  
City-State-Zip: EAST PALATKA FL 32131

Title TREASURER  
Name WATKINS, REBECCA  
Address 3452 LAWTON PLACE  
City-State-Zip: GREEN COVE SPRINGS FL 32043

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

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

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

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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, CEO,  
PRESIDENT**

**03/14/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title TRUSTEE/MINISTER  
Name DORSEY, PATRICIA CURRY DR.  
Address 110 SEVILLA STRET  
City-State-Zip: EAST PALATKA FL 32131

Title TRUSTEE/DEACON  
Name HAMPTON, DAMON  
Address 103 REBECCA LN  
City-State-Zip: PALATKA FL 32177

Title TRUSTEE/DEACON  
Name POLITE, DARRELL  
Address 740 COUNTY LINE RD  
City-State-Zip: EAST PALATKA FL 32131

Title TRUSTEE/MINISTER  
Name LOCKHART, BRENDA L  
Address 215 DOGWOOD LN  
City-State-Zip: PALATKA FL 32177

Title CONGREGATIONAL CARE  
COORDINATOR/MINISTER  
Name ARMOND, DERON E  
Address 2123 WESTOVER DR  
City-State-Zip: PALATKA FL 32177