

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005310 (8)

1. Corporation Name
TABITHA MINISTRIES, INC.



Principal Place of Business: 4351 HAGEN AVE. SPRING HILL FL 34608
Mailing Address: 4351 HAGEN AVE. SPRING HILL FL 34608

3. Date Incorporated or Qualified: 11/22/1993
3a. Date of Last Report: 02/17/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3212008	Applied For: <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCGREW, CLINTON J 4351 HAGEN AVE. SPRING HILL FL 34608		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D
NAME	MCCLELLAND, ROBERT A	1.2 NAME	MCGREW, DAVID M.
STREET ADDRESS	6099 HONEYSUCKLE LANE	1.3 STREET ADDRESS	4644 KEYSVILLE AVE.
CITY-ST-ZIP	BROOKSVILLE FL 34602	1.4 CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	DST	2.1 TITLE	D
NAME	MCGREW, CLINTON J	2.2 NAME	ROSE, TERRY
STREET ADDRESS	4351 HAGEN AVE.	2.3 STREET ADDRESS	9060 99 HONEYSUCKLE LANE
CITY-ST-ZIP	SPRING HILL FL 34608	2.4 CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	D	3.1 TITLE	
NAME	JAYNES, RICHARD D	3.2 NAME	
STREET ADDRESS	5379 HUNTER LAKE RD., #24	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34608	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	NEEDHAM, JAMES R	4.2 NAME	
STREET ADDRESS	600 S. RIVIERA LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	YORKTOWN IN 47396	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *C.J. McGrew, Jr.* C.J. MCGREW, JR. 1/16/96 352-683-1877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

E037 (12/95)