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Jan 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

4351 HAGEN AVE.  
SPRING HILL FL 34608

4351 HAGEN AVE.  
SPRING HILL FL 34608-3510

3. Date Incorporated or Qualified  
11/22/1993

3a. Date of Last Report  
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
59-3212008

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  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

85 Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  DELETE  
NAME MCCLELLAND, ROBERT A  
STREET ADDRESS 6099 HONEYSUCKLE LANE  
CITY-ST-ZIP BROOKSVILLE FL 34602

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DST  DELETE  
NAME MCGREW, CLINTON J  
STREET ADDRESS 4351 HAGEN AVE.  
CITY-ST-ZIP SPRING HILL FL 34608

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME JAYNES, RICHARD D  
STREET ADDRESS 5379 HUNTER LAKE RD., #24  
CITY-ST-ZIP SPRING HILL FL 34608

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME NEEDHAM, JAMES R  
STREET ADDRESS 600 S. RIVIERA LANE  
CITY-ST-ZIP YORKTOWN IN 47396

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME ROSE, TERRY  
STREET ADDRESS 6099 HONEYSUCKLE LANE  
CITY-ST-ZIP BROOKSVILLE FL

5.1 TITLE  Change  Addition  
5.2 NAME 8000020656 18  
5.3 STREET ADDRESS -01/23/97--01010--023  
5.4 CITY-ST-ZIP \*\*\*61.25

TITLE D  DELETE  
NAME MCGREW, DAVID M  
STREET ADDRESS 4644 KEYSVILLE AVE  
CITY-ST-ZIP SPRING HILL FL

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Clinton J. McGrew Jr.* CLINTON J. MCGREW  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97 352-683-1877  
Date Daytime Phone # 0066456

CR2E037 (9/96)