## FILE NOW: FILING FEE IS \$61.25

## CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

## **FILED** Jan 16 1998 8:00am

	1998	DIVISION OF	CORPORA		Secretary of State	
DOCU 1. Corporati	MENT # N9300	0005310 (8	3)			
TABIT	THA MINISTRIES, INC.					
Principal Pla	ce of Business	Mailing Address			I KORIKIAN DIA TOTOR IKINI BORIF ADDIK BORIK BOKIK ROKAK RIKAR IKIDI KORIK BORIK	
					La company to the company of the com	
4351 HAGEN AVE. 4351 HAGEN AVE. SPRING HILL FL 34608 SPRING HILL FL 34608					3. Date Incorporated or Qualified	
					11/22/1993 4. FEI Number   Applied For	
					59-3212008 Not Applicable	
2. Principal Place of Business 2a. M 21 26		2a. Mailing Address	_~ -		5. Certificate of Status Desired	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
22 City & Sta	ite	27   City & State			Trust Fund Contribution	
23		28			7. Is this nonprofit corporation a homeowners association?	
Zip			Country		8. This corporation owes or has paid the current year Intangible	
24	9. Name and Address of Current	Registered Agent	30		Personal Property Tax due June 30. Yes No WA  10. Name and Address of New Registered Agent	
	3. Name and Address of Outrent	registed Agent		81 Name	TV. Hame and Address of Herr negistered Agent	
MCGRE	EW, CLINTON J		)	32 Street Add	fress (P.O. Box Number is Not Acceptable)	
4351 HAGEN AVE.			Ĺ		The second secon	
SPRING	3 HILL FL 34608		];	83		
			Ī	84 City	FI 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	ites, the ab	ove-named con		
office or agent. I	registered agent, or both, in the State C am familia: with and accept the obligat	Marida/Such change was jøns of Section 617.0503, F	authorized Jorisia Statu	by the eeroora	poration submits this statement for the purpose of changing its registered por second of directors. I hereby accept the appointment as registered	
SIGNATURE	1 O Miles	SER/	REAR.	Cit	F. WCMEW JR. 1/3/28	
12.	Signature ryped or printed name of registered agent		TE: Registered	Agent signature requi	ited when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	3
TITLE	DP	DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	MCCLELLAND, ROBERT A		1.2 NAME			
STREET ADDRESS	6099 HONEYSUCKLE LANE		1.3 STREET ADDRESS			į
CITY-ST-ZIP	BROOKSVILLE FL 34602	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	į
NAME	MCGREW, CLINTON J		2.2 NAME			
STREET ADDRESS	4351 HAGEN AVE.		2.3 STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL FL 34608		2. 4 CITY-ST-ZIP			
TITLE	D INVAICE DICUADO D	☐ DELETE	3.1 TITLE 3.2 NAME		Change Addition	
NAME STREET ADORESS	JAYNES, RICHARD D 5379 HUNTER LAKE RD., #24		3.3 STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL FL 34606		3.4. CITY-ST-ZIP			
TITLE	D	DELETE	4.1 TITL	E	Change Addition	
NAME	NEEDHAM, JAMES R		4. 2 NAN	i i		
STREET ADDRESS	600 S. RIVIERA LANE			ET ADDRESS	_ [	
CITY-ST-ZIP TITLE	YORKTOWN IN 47396	DELETÉ	5.1 TITU	-ST-ZIP	☐ Change ☐ Addition	
NAME	ROSE, TERRY		5.2 NAME			
STREET ADDRESS	6099 HONEYSUCKLE LANE		5.3 STRE	ET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		5.4 CITY-ST-ZIP			
TITLE	D NOCEDIAN DAVID M	DELETE	6.1 TITLE	1	Change Addition	
NAME STREET ADDRESS	MCGREW, DAVID M		6.2 NAME			
			e a crea			
	4644 KEYSVILLE AVE			ET ADDRESS		
CITY-ST-ZIP	4644 KEYSVILLE AVE SPRING HILL FL	this filling does not qualify f	6,4 CITY	ET ADDRESS - ST-Zip	Section 119.07(3)(i), Florida Statutes. I further certify that the information re shall have the same legal effect as if made under oath; that I am an	