


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90139 034 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N96000003542**

1. Corporation Name

**TABITHA FELLOWSHIP, INC.**

Principal Place of Business

145 LAKE DEER DRIVE EAST  
 WINTER HAVEN FL 33880

Mailing Address

145 LAKE DEER DRIVE EAST  
 WINTER HAVEN FL 33880



2. Principal Place of Business 21 <b>Pontotoc Plaza</b>	2a. Mailing Address 26 <b>P.O. Box 1411</b>	3. Date Incorporated or Qualified <b>07/01/1996</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-3390629</b> Applied For Not Applicable
City & State 23 <b>Auburndale, FL</b>	City & State 28 <b>Auburndale, FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <b>33823</b>	Country 25 <b>USA</b>	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Country 29 <b>USA</b>	Zip 30 <b>33823</b>	Country 31 <b>USA</b>

9. Name and Address of Current Registered Agent

**KAHLER, JUDY**  
 145 LAKE DEER DRIVE EAST  
 WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KAHLER, JUDY A</b> <b>145 E LAKE DEER DR</b> <b>WINTER HAVEN FL</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>HARRISON, BETTY</b> <b>215 S LAKE FLORENCE DR</b> <b>WINTER HAVEN FL</b>	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>TURNER, LEAH</b> <b>930 14TH ST NE</b> <b>WINTER HAVEN FL 33881</b>	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>POITRAS, KAY</b> <b>27-B MOORE RD</b> <b>HAINES CITY FL</b>	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**TD**  
**Comfort, Ruth**  
**2455 Joey Dr.**  
**Auburndale, FL 33823**  
**SD**  
**Poitras, Kay**  
**27 Lake Hamilton Bch.**  
**Haines City, FL 33844**

14. I 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, with all other like empowered.

SIGNATURE:

**Kay G. Poitras** **4/30/99** **841-422-**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date Daytime Phone #

CR2F037 (1/98)