

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000001291

**Entity Name:** TABITHA'S MISSION INC

**Current Principal Place of Business:**

17685 73RD COURT NORTH  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

17685 73RD COURT NORTH  
LOXAHATCHEE, FL 33470 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HENRIQUES, BARBARA  
17685 73RD COURT NORTH  
LOXAHATCHEE, FL 33470 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 P  
Name HENRIQUES, BARBARA  
Address 17685 73RD COURT NORTH  
City-State-Zip: LOXAHATCHEE 33470

Title VP  
Name RATTRAY, JENNIFER  
Address 464 SW TULIP BLVD.  
City-State-Zip: PORT ST. LUCIE FL 34953

Title D  
Name MISKIN, BARRY DR  
Address 1002 SOUTH OLD DIXIE HWY  
City-State-Zip: JUPITER FL 33458

Title T  
Name HOYTE, JENNIFER  
Address 801 NORTHPOINT PKWY  
SUITE 146  
City-State-Zip: WEST PALM BEACH FL 33402

Title ASSIST TREASURER  
Name ESTIME, FRITZNAUD  
Address 7356 EDISTO DRIVE  
City-State-Zip: LAKE WORTH FL 33467

*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:** BARBARA HENRIQUES

**PRESIDENT**

**04/08/2016**

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

\_\_\_\_\_  
Date