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. DIRECTOR

SIGNATURE: TABATHA THOMAS WILKERSON

Current Principal Place of Business:

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: TABATHA THOMAS WILKERSON MINISTRIES, INC.

617 NW 14TH STREET BELLE GLADE, FL 33430

Current Mailing Address:

DOCUMENT# N1300006333

617 NW 14TH STREET BELLE GLADE. FL 33430

FEI Number: 46-5269374

Name and Address of Current Registered Agent:

WILKERSON, TABATHA T 617 NW 14TH STREET BELLE GLADE, FL 33430 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

Officer/Director Detail :

Title Name Address	D KYLES, JACLIN T
Address	
	275 SW 9TH AVENUE
City-State-Zip:	SOUTH BAY FL 33493
Title	D
Name	WILKERSON, COREY D
Address	617 NW 14TH STREET
City-State-Zip:	BELLE GLADE FL 33430
	City-State-Zip: Title Name Address

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

04/25/2015

Date

Date