

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000006333

Entity Name: TABATHA THOMAS WILKERSON MINISTRIES, INC.**Current Principal Place of Business:**432 WEST CANAL STREET SOUTH
BELLE GLADE, FL 33430**Current Mailing Address:**432 WEST CANAL STREET SOUTH
BELLE GLADE, FL 33430 US**FEI Number:** 46-5269374**Certificate of Status Desired:** Yes**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_____
Date**Officer/Director Detail :**

Title	P
Name	WILKERSON, TABATHA T
Address	617 NW 14TH STREET
City-State-Zip:	BELLE GLADE FL 33430

Title	D
Name	KYLES, JACLIN T
Address	275 SW 9TH AVENUE
City-State-Zip:	SOUTH BAY FL 33493

Title	D
Name	SHANNON, GLORIA
Address	749 SOUTH MAIN STREET
City-State-Zip:	BELLE GLADE FL 33430

Title	D
Name	WILKERSON, COREY D
Address	617 NW 14TH STREET
City-State-Zip:	BELLE GLADE FL 33430

Title	D
Name	MCPHERSON, ELIZABETH
Address	929 ARKANSAS AVENUE
City-State-Zip:	CLEWISTON FL 33440

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: TABATHA T. WILKERSON**OFFICER****03/30/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date