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Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005310 (8)

1. Corporation Name
TABITHA MINISTRIES, INC.



Principal Place of Business
4351 HAGEN AVE.
SPRING HILL FL 34608

Mailing Address
4351 HAGEN AVE.
SPRING HILL FL 34608

3. Date Incorporated or Qualified
11/22/1993

4. FEI Number
59-3212008

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No N/A

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

MCGREW, CLINTON J
4351 HAGEN AVE.
SPRING HILL FL 34608

10. Name and Address of New Registered Agent

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

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: *C. J. McGREW, JR.* SEC/TREAS DATE: 1/3/98
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DP DELETE
NAME: MCCLELLAND, ROBERT A
STREET ADDRESS: 6099 HONEYSUCKLE LANE
CITY-ST-ZIP: BROOKSVILLE FL 34602

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: DST DELETE
NAME: MCGREW, CLINTON J
STREET ADDRESS: 4351 HAGEN AVE.
CITY-ST-ZIP: SPRING HILL FL 34608

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE: D DELETE
NAME: JAYNES, RICHARD D
STREET ADDRESS: 5379 HUNTER LAKE RD., #24
CITY-ST-ZIP: SPRING HILL FL 34606

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE: D DELETE
NAME: NEEDHAM, JAMES R
STREET ADDRESS: 600 S. RIVIERA LANE
CITY-ST-ZIP: YORKTOWN IN 47396

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE: D DELETE
NAME: ROSE, TERRY
STREET ADDRESS: 6099 HONEYSUCKLE LANE
CITY-ST-ZIP: BROOKSVILLE FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE: D DELETE
NAME: MCGREW, DAVID M
STREET ADDRESS: 4644 KEYSVILLE AVE
CITY-ST-ZIP: SPRING HILL FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: *C. J. McGREW, JR.* DATE: 1/3/98 352-683-1877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (10/97)