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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005310

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
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/22/1993
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3212008
23. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Country	30. 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. City
84. State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCCLELLAND, ROBERT A	
STREET ADDRESS	6099 HONEYSUCKLE LANE	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	MCGREW, CLINTON J	
STREET ADDRESS	4351 HAGEN AVE.	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAYNES, RICHARD D	
STREET ADDRESS	5979 HUNTER LAKE RD., #24 <i>address change</i>	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEEDHAM, JAMES R	
STREET ADDRESS	600 S. RIVIERA LANE	
CITY-ST-ZIP	YORKTOWN IN 47396	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSE, TERRY	
STREET ADDRESS	6099 HONEYSUCKLE LANE	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<i>9566 Purdy St.</i>
3.4 CITY-ST-ZIP	<i>SPRING HILL, FL 34608-3556</i>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED. *[Signature]* Date: *4/6/99* Daytime Phone #: *352-683-1877*

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