

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000723

1. Entity Name

END TIME HARVEST UNITED HOLINESS CHURCH INC.

Principal Place of Business

Mailing Address

3450 AVE T  
RIVIERA BEACH FL 33404

3450 AVE T  
RIVIERA BEACH FL 33404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1071303

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

B0055229



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KINSEY, CHARLES L SR  
3450 AVE T  
RIVIERA BEACH FL 33404

Name

Street Address (P.O. Box Number is Not Acceptable)\*

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	KINSEY, CHARLES L SR	<input checked="" type="checkbox"/> Delete
NAME		3450 AVE T	
STREET ADDRESS		RIVIERA BEACH FL 33404	
CITY-ST-ZIP			
TITLE	D	KINSEY, WILLIAM S JR	<input type="checkbox"/> Delete
NAME		3450 AVE T	
STREET ADDRESS		RIVIERA BEACH FL 33404	
CITY-ST-ZIP			
TITLE	D	KINSEY, CHARLES L JR	<input type="checkbox"/> Delete
NAME		3450 AVE T	
STREET ADDRESS		RIVIERA BEACH FL 33404	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	CHARLES LAYON KINSEY SR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3450 AVE T	
STREET ADDRESS		RIVIERA BEACH, FL 33404	
CITY-ST-ZIP			
TITLE	S/D	DEFAYNE DEGREGORY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		7255 COPPITT KEY ST.	
STREET ADDRESS		LAKE WORTH, FL 33467	
CITY-ST-ZIP			
TITLE	D	BEVERLY HUNT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4175 DEACON LANE	
STREET ADDRESS		CHAMBLEE, GA. 30341	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles Layon Kinsey Sr.

3-21-02

561-842-3486

CR2E037 (9/01)