

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000000723

1. Entity Name
END TIME HARVEST UNITED HOLINESS CHURCH INC.



Principal Place of Business
3450 AVE T
RIVIERA BEACH, FL 33404

Mailing Address
3450 AVE T
RIVIERA BEACH, FL 33404



01072005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-1071303

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000271771
03/21/05-80062-006 70.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KINSEY, CHARLES L SR
STREET ADDRESS 3450 AVE T
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE D
NAME KINSEY, WILLIAM S SR
STREET ADDRESS 3450 AVE T
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE D
NAME KINSEY, CHARLES L JR
STREET ADDRESS 3450 AVE T
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE SD
NAME DEGREGORY, DEFAYNE
STREET ADDRESS 7255 COPPITT KEY ST.
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE D
NAME HUNT, BEVERLY
STREET ADDRESS 4175 DEACON LANE
CITY-ST-ZIP CHAMBLEE, GA 30341

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 L. Kinsey Sr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-05 561-842-3486-HOME
Date Daytime Phone #

561-313-6407-CELL