

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
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**



01092007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1071303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000701716
04/20/07-80066-013 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 exemptions contained in Chapter 119, 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 LaVon Kinsey Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-2007
Date

561-842-3486
Daytime Phone #