

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011233

**FILED**  
**Mar 01, 2010**  
**Secretary of State**

**Entity Name:** NEW TESTAMENT ENDTIME REVIVALS, INC.

**Current Principal Place of Business:**

11733 TOM WILKERSON RD  
MACCLENNY, FL 32063

**New Principal Place of Business:**

1660 LANE AVE S,  
6  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

11733 TOM WILKERSON RD  
MACCLENNY, FL 32063

**New Mailing Address:**

FEI Number: 59-3750609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPEARS, CAROLYN E  
11733 TOM WILKERSON RD  
MACCLENNY, FL 32063 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SPEARS, CAROLYN E  
Address: 11733 TOM WILKERSON RD  
City-St-Zip: MACCLENNY, FL 32063

Title: P  
Name: SPEARS, EDWARD W SR.  
Address: 11733 TOM WILKERSON RD  
City-St-Zip: MACCLENNY, FL 32063

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROLYN E SPEARS

P

03/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date