

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011233

Entity Name: NEW TESTAMENT ENDTIME REVIVALS, INC.**Current Principal Place of Business:**3225 N PEARL ST
JACKSONVILLE, FL 32206**Current Mailing Address:**11733 TOM WILKERSON RD
JACKSONVILLE, FL 32063 US**FEI Number:** 59-3750609**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPEARS, CAROLYN E
11733 TOM WILKERSON RD
MACCLENLY, FL 32063 US*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**Officer/Director Detail :**

Title PRESIDENT PASTOR
Name SPEARS, CAROLYN E
Address 11733 TOM WILKERSON RD
City-State-Zip: MACCLENLY FL 32063

Title OFFICER
Name JONES, ANTHONY L
Address 11733 TOM WILKERSON RD
City-State-Zip: MACCLENLY FL 32063

Title OFFICER
Name HURST, JOHN D
Address 11733 TOM WILKERSON RD
City-State-Zip: MACCLENLY FL 32063

Title OFFICER
Name JONES, PAULETTE
Address 11733 TOM WILKERSON RD
City-State-Zip: MACCLENLY FL 32063

Title OFFICER
Name LETISHA, COBB
Address 11733 TOM WILKERSON RD
City-State-Zip: MACCLENLY 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/P

07/03/2019

Electronic Signature of Signing Officer/Director Detail_____
Date