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 SPEARS

Electronic Signature of Signing Officer/Director Detail

<u>2015</u>	FLORIDA NO	DT FOR PROFIT	CORPORA	TION ANNUAL	REPORT

DOCUMENT# N05000011233

Entity Name: NEW TESTAMENT ENDTIME REVIVALS, INC.

Current Principal Place of Business:

1660 LANE AVE S, 6 JACKSONVILLE, FL 32210

Current Mailing Address:

11733 TOM WILKERSON RD JACKSONVILLE, FL 32063

FEI Number: 59-3750609

Name and Address of Current Registered Agent:

SPEARS, CAROLYN E 11733 TOM WILKERSON RD MACCLENNY, 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:

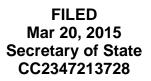
Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Ρ	Title	Р		
Name	SPEARS, CAROLYN E	Name	SPEARS, EDWARD WSR.		
Address	11733 TOM WILKERSON RD	Address	11733 TOM WILKERSON RD		
City-State-Zip:	MACCLENNY FL 32063	City-State-Zip:	MACCLENNY FL 32063		

Certificate of Status Desired: No

03/20/2015 Date



Date

Ρ