

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 733201

(8)

1. Corporation Name

END TIME REVIVAL CRUSADE, INC.

Principal Place of Business

Mailing Address

REVIVAL TABERNACLE  
11TH ST  
BLOUNTSTOWN FL 32424  
US

C/O WISE, LINDA  
319 MIMOSA ST  
BLOUNTSTOWN FL 32424  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		07/01/1975		04/27/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3089112		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution			
24		25		29		30	
25		29		30			
29		30					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WISE LINDA A  
319 MIMOSA ST  
BLOUNTSTOWN FL 32424

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Linda A. Wise*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P WISE, LINDA A. <input type="checkbox"/> DELETE	1.1 TITLE	P WISE, LINDA A. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, LINDA A.	1.2 NAME	319 mimosa
STREET ADDRESS	319 MIMOSA ST	1.3 STREET ADDRESS	Blountstown Fla, 32424
CITY-ST-ZIP	BLOUNTSTOWN FL	1.4 CITY-ST-ZIP	
TITLE	D YOUNG, PAULINE <input type="checkbox"/> DELETE	2.1 TITLE	D Young, Pauline <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, PAULINE	2.2 NAME	1429 Charlie St. #B5
STREET ADDRESS	1429 CHARLIE JOHN ST. #B5	2.3 STREET ADDRESS	Blountstown Ala 32424
CITY-ST-ZIP	BLOUNTSTOWN FL	2.4 CITY-ST-ZIP	
TITLE	D SANDERS, JULIA <input type="checkbox"/> DELETE	3.1 TITLE	D Sanders, Julia <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, JULIA	3.2 NAME	PO Box 444
STREET ADDRESS	RT. 1 BOX 228 B-6	3.3 STREET ADDRESS	Hosford, Ala. 32334
CITY-ST-ZIP	BRISTOL FL	3.4 CITY-ST-ZIP	
TITLE	D THOMAS, ADAMS <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	THOMAS, ADAMS	4.2 NAME	
STREET ADDRESS	RT BOX 336 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	4.4 CITY-ST-ZIP	
TITLE	D ADAMS, SANDRA <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	ADAMS, SANDRA	5.2 NAME	
STREET ADDRESS	RT BOX 336	5.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda A. Wise*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/96 674-3336 work

CR2E037 (12/95)