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Feb 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthorn  
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  
USC/O WISE, LINDA  
319 MIMOSA ST  
BLOUNTSTOWN FL 32424-1927  
US3. Date Incorporated or Qualified  
07/01/19753a. Date of Last Report  
04/12/19964. FEI Number  
59-3089112Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

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 officer 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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETENAME WISE, LINDA A.  
STREET ADDRESS 319 MIMOSA ST  
CITY-ST-ZIP BLOUNTSTOWN FL1.1 TITLE P ☐ Change ☐ Addition1.2 NAME WISE LINDA A  
1.3 STREET ADDRESS 319 MIMOSA ST  
1.4 CITY-ST-ZIP BLOUNTSTOWN, FL 32424TITLE D ☐ DELETENAME YOUNG, PAULINE  
STREET ADDRESS 1429 CHARLIE JOHN ST. #B5  
CITY-ST-ZIP BLOUNTSTOWN FL2.1 TITLE D ☐ Change ☐ Addition2.2 NAME Young Pauline  
2.3 STREET ADDRESS 1429 CHARLIE JOHN ST #B5  
2.4 CITY-ST-ZIP BLOUNTSTOWN FL 32424TITLE D ☐ DELETENAME SANDERS, JULIA  
STREET ADDRESS P. O. BOX 444  
CITY-ST-ZIP HOSFORD FL3.1 TITLE \*D ☐ Change ☐ Addition3.2 NAME Sanders, Julia  
3.3 STREET ADDRESS P.O. BOX 444 Roberts St.  
3.4 CITY-ST-ZIP Hosford FLTITLE D ☒ DELETENAME THOMAS, ADAMS  
STREET ADDRESS RT BOX 336 N/A  
CITY-ST-ZIP BLOUNTSTOWN FL4.1 TITLE D ☐ Change ☒ Addition4.2 NAME WISE Mary Ellen  
4.3 STREET ADDRESS 319 MIMOSA ST  
4.4 CITY-ST-ZIP BLOUNTSTOWN FL 32424TITLE D ☒ DELETENAME ADAMS, SANDRA  
STREET ADDRESS RT BOX 336  
CITY-ST-ZIP BLOUNTSTOWN FL5.1 TITLE ☐ Change ☐ Addition5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

LINDA A WISE

1/12/97

904

Daytime Phone #0009907

CR2E037 (9/96)