

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90100 035 \*\*\*\*70.00

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**DOCUMENT # 733201**

1. Corporation Name

**END TIME REVIVAL CRUSADE, INC.**

Principal Place of Business

REVIVAL TABERNACLE  
11TH ST  
BLOUNTSTOWN FL 32424  
US

Mailing Address

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



2. Principal Place of Business

21 **S/A**

2a. Mailing Address

26 **S/A**

3. Date Incorporated or Qualified

**07/01/1975**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**59-3089112**

Applied For

Not Applicable

City & State

23 **Blountstown Fla**

City & State

28

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

24 **32424** 25 **Calhoun**

Zip Country

29

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

WISE LINDA A  
319 MIMOSA ST  
BLOUNTSTOWN FL 32424

10. Name and Address of New Registered Agent

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

*[Signature]*

**1/9/99**

DATE

(NOTE: Registered Agent signature required when reinstating)

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

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **WISE, LINDA**  
STREET ADDRESS **319 MIMOSA ST**  
CITY-ST-ZIP **BLOUNTSTOWN FL**

TITLE **D** ☐ DELETE

NAME **YOUNG, PAULINE**  
STREET ADDRESS **1429 CHARLIE JOHN ST. #B5**  
CITY-ST-ZIP **BLOUNTSTOWN FL**

TITLE **D** ☐ DELETE

NAME **SANDERS, JULIA**  
STREET ADDRESS **ROBERTS ST., P.O BOX 444**  
CITY-ST-ZIP **HOSFORD FL**

TITLE **D** ☐ DELETE

NAME **WISE, MARY ELLEN**  
STREET ADDRESS **319 MIMOSA ST**  
CITY-ST-ZIP **BLOUNTSTOWN FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 attached sheet with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/99** home 674-4341  
work 674-3336

Date

Daytime Phone #

CR2E037 (11/98)