

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733201

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3089112

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WISE LINDA A
319 MIMOSA ST
BLOUNTSTOWN FL 32424

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Linda A Wise

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	WISE, LINDA	
STREET ADDRESS	319 MIMOSA ST	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, PAULINE	
STREET ADDRESS	1429 CHARLIE JOHN ST. #B5	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS, JULIA	
STREET ADDRESS	ROBERTS ST., P.O BOX 444	
CITY-ST-ZIP	HOSFORD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WISE, MARY ELLEN	
STREET ADDRESS	319 MIMOSA ST	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Linda A Wise

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/01

674-4341

0016299

CR2E037 (10/00)