

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:51

DOCUMENT # 733214 (1)

1. Corporation Name

END TIME MINISTRIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business S LAKE GEORGE DRIVE STAR ROUTE BOX 525 GEORGETOWN FL 32139	Mailing Address S LAKE GEORGE DRIVE STAR ROUTE BOX 525 GEORGETOWN FL 32139
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3. Date Incorporated or Qualified 07/03/1975	3a. Date of Last Report 04/20/1994
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4. FEI Number 59-2207438	Applied For Not Applicable
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2. Principal Place of Business 21 S LAKE GEORGE DR Suite, Apt. #, etc. 22 GEORGETOWN City & State 23 FL Zip 24 32139	2a. Mailing Address 26 POB 516 Suite, Apt. #, etc. 27 City & State 28 SATSUMA FL Zip 29 32139	Country 25 FL Country 30 FL
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent MEIERDIERCK, GEORGE S LAKE GEORGE DRIVE STAR ROUTE BOX 525 GEORGETOWN FL 32139
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10. Name and Address of New Registered Agent 81 Name SCARLETT S. MEIERDIERCK 82 Street Address (P.O. Box Number is Not Acceptable) S LAKE GEORGE DR. 911-1090 83 STAR RT BOX 525 84 City GEORGETOWN FL 85 Zip Code 32139
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Any 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 607.0505, Florida Statutes.

SIGNATURE *Scarlett S. Meierdierck* DATE 1-14-95
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	PRESIDENT/DIRECTOR ☒ Change ☐ Addition
NAME	MEIERDIERCK, SCARLETT S.	1.2 NAME	meierdierck SCARLETT S
STREET ADDRESS	S. LAKE GEORGE DR, STAR RTE BOX 525	1.3 STREET ADDRESS	S LAKE GEORGE DR STAR RTE BOX 525
CITY-ST-ZIP	GEORGETOWN FL 32139	1.4 CITY-ST-ZIP	GEORGETOWN FL 32139
TITLE	PD	2.1 TITLE	☒ Change ☐ Addition
NAME	MEIERDIERCK, GEORGE C	2.2 NAME	DECEASED
STREET ADDRESS	NO 3 LAKE GEORGE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	GEORGETOWN, FL 0	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	NORRIS, SHIRLEY	3.2 NAME	RESIGNED
STREET ADDRESS	WEST RIVER ROAD, RTE 2, BOX 1288	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	3.4 CITY-ST-ZIP	
TITLE	ROGER WESLEY BASS D/S	4.1 TITLE	☐ Change ☐ Addition
NAME	S. LAKE GEORGE DR STAR RTE BOX 525	4.2 NAME	
STREET ADDRESS	GEORGETOWN, FLA 32139	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	YVONNE MCGOWAN D	5.1 TITLE	☐ Change ☐ Addition
NAME	RT 1 BOX 5044	5.2 NAME	
STREET ADDRESS	PALATKA, FLA 32077	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Scarlett S. Meierdierck* DATE 1-18-95 904-467-8536
(Signature and typed or printed name of signing officer or director)