

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000007769**

1. Entity Name

ENDTIME DELIVERANCE RESTORATION MINISTRIES, INC.

Principal Place of Business

**40 W. PARK AVE.
LAKE WALES FL 33853**

Mailing Address

**40 W. PARK AVE.
LAKE WALES FL 33853**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3682809

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HILL, BETTY G
1296 CENTER ST.
WAVERLY FL 33877**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
min. will be \$236.25.**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DK
WATSON, KANEISHRA
1080 STATE RD. 60 E
LAKE WALES FL 33853** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COHEN, PAMELA
3621 LIPSCOMB ST.
PALM BAY FL 32906** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BROWN, RICKY
504 SOUTH 4TH ST APT 2C
LAKE WALES FL 33853** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LATSON, VALTURIA
1080 STATE RD 60 E
LAKE WALES FL 33853** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CT
LABEACH, DELORIS
3638 CARRIAGE DR
LAKE WALES FL 33853** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: **Betty G Hill** REQUIRED**FILED**
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90138 010 ****87.50



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)

9/4/02