

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90059 037 ****61.25

DOCUMENT # N00000008399

1. Entity Name

GREATER WORKS ENDTIME MINISTRY, INC.

Principal Place of Business

**4947 COURTLAND LOOP
WINTER SPRINGS FL 32708**

Mailing Address

**4947 COURTLAND LOOP
WINTER SPRINGS FL 32708**

2. Principal Place of Business

**600 N. LAKE DESTINY DR.
SUITE, APT. #, etc.**

3. Mailing Address

**4947 COURTLAND LOOP
SUITE, APT. #, etc.**

City & State

**MAITLAND FL
Zip 32751 Country USA**

City & State

**WINTER SPRINGS
Zip FL 32708 Country USA**

4. FEI Number

59-3691949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RYAN, EARL
4947 COURTLAND LOOP
WINTER SPRINGS FL 32708**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **D** ☐ Delete
NAME **RYAN, EARL A**
STREET ADDRESS **4947 COURTLAND LOOP**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **T** ☐ Delete
NAME **RYAN, DIANE J**
STREET ADDRESS **4947 COURTLAND LOOP**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **T** ☐ Delete
NAME **RYAN, VANESSA**
STREET ADDRESS **4947 COURTLAND LOOP**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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: **EARL RYAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-02 (407)695-1450
Date Daytime Phone #

CP2E037 (9/01)