

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008399

FILED
Jan 27, 2004
Secretary of State

Entity Name: GREATER WORKS ENDTIME MINISTRY, INC.

Current Principal Place of Business:

205 WEST S.R. 434, SUITE D
WINTER SPRINGS, FL 32708

New Principal Place of Business:

205 WEST S.R. 434, SUITE D
D
WINTER SPRINGS, FL 32708

Current Mailing Address:

4947 COURTLAND LOOP
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 59-3691949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RYAN, EARL
Address: 4947 COURTLAND LOOP
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V () Delete
Name: RYAN, VANESSA
Address: 4947 COURTLAND LOOP
City-St-Zip: WINTER SPRINGS, FL 32708

Title: STD () Delete
Name: RYAN, JOY
Address: 4947 COURTLAND LOOP
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: CARLTON, NEBRASKA
Address: 6725 TOTTENHAM CT.
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARL RYAN

PD

01/27/2004

Electronic Signature of Signing Officer or Director

Date