## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000008399

FILED Jan 15, 2009 Secretary of State

Entity Name: GREATER WORKS ENDTIME MINISTRY, INC.

urrent F	Principal Place	e of Business:	New Principal Place	ot Business:
	T S.R. 434, SPRINGS, FL	32708		
urrent l	Mailing Addres	ss:	New Mailing Addres	ss:
	JRTLAND LOC SPRINGS, FL			
El Numbe	r: 59-3691949	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame an	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
	ARL JRTLAND LOC SPRINGS, FL			
	e named entity te of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or bo
the Sta	te of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or bo
the Sta	te of Florida. JRE:	submits this statement for the particles of Registered Ago		ed office or registered agent, or bo  Date
n the Stat	te of Florida. JRE:	nic Signature of Registered Ago	ent	
the State of the S	te of Florida.  JRE: Electror  RS AND DIREC  PD ( RYAN, EARL 4947 COURTLA	nic Signature of Registered Ago TORS:	ent	Date
the State	te of Florida.  JRE: Electror  RS AND DIREC  PD ( RYAN, EARL 4947 COURTL WINTER SPRIF  STD ( RYAN, JOY 4947 COURTL	nic Signature of Registered Age F <b>TORS:</b> ) Delete AND LOOP NGS, FL 32708 ) Delete	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECT
of the State of th	te of Florida.  JRE:  Electror  RS AND DIREC  PD ( RYAN, EARL 4947 COURTL WINTER SPRII  STD ( RYAN, JOY 4947 COURTL WINTER SPRII  D ( CARLTON, NEI 2280 LAUREL	nic Signature of Registered Age FTORS:  ) Delete  AND LOOP NGS, FL 32708  ) Delete  AND LOOP NGS, FL 32708  ) Delete  BRASKA BLOSSOM CIRCLE	ent  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date EES TO OFFICERS AND DIRECT () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 01/15/2009