NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0 1000001931

1. Entity Name
EndTime Deliverance Outreach ministries, Inc

DO NOT WRITE IN THIS SPACE

FILED
02 SEP 30 PM 12:48
SECRETARY OF STATE
500008211375--9
-10/04/02--01062--010
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3860 Golfvillage loop	P.O. Box 708
Suite, Apt. #, etc. Apt. #4	Suite, Apt. #, etc.
City & State Lakeland, FL	City & State Lakeland, FL
Zip 33809 Country US	Zip 33809 Country US

4. FEI Number — Applied For ☐ Not Applicable ☒

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Cheryl C. Richardson
Street Address (P.O. Box Number is Not Acceptable): 1011 Blake Street
City: Altamonte Springs FL Zip Code: 32701

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 _____ 9/25/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	P/C
NAME	Eric D. Lloyd Sr.
STREET ADDRESS	3860 Golfvillage loop Apt #4
CITY-ST-ZIP	Lakeland, FL 338092
TITLE	T
NAME	Don Fuller
STREET ADDRESS	2008 Orchard Park Dr.
CITY-ST-ZIP	Dover, FL 34761
TITLE	VP
NAME	Linda Brown
STREET ADDRESS	6919 Deering Dr.
CITY-ST-ZIP	Lakeland, FL 33818
TITLE	D/S
NAME	Cletter Givens
STREET ADDRESS	3215 Baird Ave. Apt B-10
CITY-ST-ZIP	Lakeland, FL
TITLE	D
NAME	Cheryl C. Richardson
STREET ADDRESS	1011 Blake Street
CITY-ST-ZIP	Altamonte Springs, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Cheryl C Richardson 9/25/02 407-207-3878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #