

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007426

1. Entity Name

END-TIME MINISTRIES INTERNATIONAL OUTREACH, INC.

FILED

Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90009 032 ****61.25

Principal Place of Business

6635 HAWTHORNE AVENUE
PORTAGE IN 46368

Mailing Address

6635 HAWTHORNE AVENUE
PORTAGE IN 46368

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3757988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMYZER, ROGER
250 SIESTA LANE
LARGO FL 33770

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME CLARK, BOBBY JR.
STREET ADDRESS 6635 HAWTHORNE AVENUE
CITY-ST-ZIP PORTAGE IN 46368

TITLE D, P ☒ Change ☐ Addition
NAME CLARK, Bobby, JR.
STREET ADDRESS 6635 HAWTHORNE AVENUE
CITY-ST-ZIP PORTAGE, IN 46368

TITLE D ☐ Delete
NAME SMYZER, ROGER
STREET ADDRESS 250 SIESTA LANE
CITY-ST-ZIP LARGO FL 33770

TITLE D, S ☒ Change ☐ Addition
NAME SMYZER, ROGER
STREET ADDRESS 250 SIESTA LANE
CITY-ST-ZIP LARGO, FL 33770

TITLE D ☐ Delete
NAME ENGEL, KEVIN
STREET ADDRESS 3240 HICKORY STREET
CITY-ST-ZIP PORTAGE IN 46368

TITLE T ☐ Change ☒ Addition
NAME DAWN ENGEL
STREET ADDRESS 3240 HICKORY STREET
CITY-ST-ZIP PORTAGE IN 46368

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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, without other like empowerment.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-02

Date

219-762-5530

Daytime Phone #

CR2E037 (9/01)