

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90474 011 \*\*\*\*61.25

**DOCUMENT # N01000007426**

1. Entity Name

**END-TIME MINISTRIES INTERNATIONAL OUTREACH, INC.**



Principal Place of Business

6635 HAWTHORNE AVENUE  
PORTAGE IN 46368

Mailing Address

6635 HAWTHORNE AVENUE  
PORTAGE IN 46368

2. Principal Place of Business

7501 ULMERTON Rd

3. Mailing Address

7501 ULMERTON Rd

Suite, Apt. #, etc.

2516

Suite, Apt. #, etc.

2516

City & State

Largo, FL

City & State

Largo, FL

Zip

33771

Country

USA

Zip

33771

Country

USA

4. FEI Number **59-3757988**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SMYZER, ROGER  
250 SIESTA LANE  
LARGO FL 33770

7. Name and Address of New Registered Agent

Name

BOBBY CLARK JR

Street Address (P.O. Box Number is Not Acceptable)

7501 ULMERTON Rd

APT 2516

City

Largo

FL

Zip Code

33771

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-03

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **DS** ☐ Delete  
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** ☐ Delete  
NAME **ENGEL, DAWN**  
STREET ADDRESS **3240 HICKORY STREET**  
CITY-ST-ZIP **PORTAGE IN 46368**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE:

**SIGNATURES REQUIRED**

4-24-03

727-524-8154

CR2E037 (10/02)