

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90040 045 ****70.00

DOCUMENT # N02000003879
 1. Entity Name
ENDTIME PENTECOSTAL DELIVERANCE INTERNATIONAL MINISTRIES, INC.



Principal Place of Business: **529 BRIGHTON COURT KISSIMMEE FL 34758**
 Mailing Address: **529 BRIGHTON COURT KISSIMMEE FL 34758**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State



MOORE CR2E037 (11/03)

4. FEI Number: **02-0608333**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent:
COLLINS, EDWARD
529 BRIGHTON COURT
KISSIMMEE FL 34758

7. Name and Address of New Registered Agent:
 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW - FEE IS \$61.25 Due By May 1, 2004

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD	COLLINS, EDWARD 529 BRIGHTON COURT KISSIMMEE FL 34758	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: VD	COLLINS, DELORIS 529 BRIGHTON COURT KISSIMMEE FL 34758	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: SD	SMITH, NASHEKIA 850 N.W. 210TH STREET MIAMI FL 33169	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: TD	LAFLEUR, DOROTHY 850 N.W. 210TH STREET MIAMI FL 33169	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: 500 N. 71 Ave. CITY-ST-ZIP: Hollywood FL 33024
TITLE: _____	_____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____	_____	<input type="checkbox"/> Delete	TITLE: _____ 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: *Deloris Collins* **3-31-04 954-257-6087**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #