



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90338 045 ****61.25

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		<p style="text-align: right; font-size: 24pt;">50038306</p> 	
2. Principal Place of Business		3. Mailing Address 230 N. 69 Way			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03212005 Chg-NP CR2E037 (10/03)	
City & State		City & State Hollywood FL		4. FEI Number 02-0608333	
Zip		Zip 33024		Country Broward	
Country		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLLINS, EDWARD 529 BRIGHTON COURT KISSIMMEE, FL 34758			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)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLLINS, EDWARD		NAME		
STREET ADDRESS	529 BRIGHTON COURT		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34758		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLLINS, DELORIS		NAME		
STREET ADDRESS	529 BRIGHTON COURT		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34758		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, NASHEKIA		NAME		
STREET ADDRESS	850 N.W. 210TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAFLEUR, DOROTHY		NAME		
STREET ADDRESS	500 N. 71 AVE.		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33024		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Deloris Collins</u>		3-29-05		954-260-1783	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	