

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


FILED
Mar 19, 2003 8:00 am
Secretary of State

2/2

02-21-2003 90205 002 ***61.25

DOCUMENT # N02000003879

1. Entity Name
**ENDTIME PENTECOSTAL DELIVERANCE INTERNATIONAL MI
NISTRIES, INC.**




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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
02-0408333 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 (NOTE: Registered Agent signature required when reinstating) DATE

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

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	PD	<input type="checkbox"/> Delete
NAME	COLLINS, EDWARD	
STREET ADDRESS	529 BRIGHTON COURT	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COLLINS, DELORIS	
STREET ADDRESS	529 BRIGHTON COURT	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, NASHEKIA	
STREET ADDRESS	850 N.W. 210TH STREET	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAFLEUR, DOROTHY	
STREET ADDRESS	850 N.W. 210TH STREET	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  Date: **2-15-03** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)