

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000005969

1. Entity Name

OMEGA END TIMES HARVEST MISSION, INCORPORATED



Principal Place of Business

319 - N.E. 7TH AVE.
CRYSTAL RIVER FL 34429

Mailing Address

871 N.E. 5TH TERRACE
CRYSTAL RIVER FL 34429

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

82-0562193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOPKINS, JACQUELINE
319-7TH AVE.
CRYSTAL RIVER FL 34429

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

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
Due By May 1, 2005

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 ☐ Delete
NAME HOPKINS, JACQUELINE
STREET ADDRESS 871-N.E. 5TH TERR.
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE VPD ☐ Delete
NAME SUMMERLIN, ADRIENNA
STREET ADDRESS 1117 N.E. 1ST TERR.
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE SD ☐ Delete
NAME PARKER, MURDIS
STREET ADDRESS 3261 N. CHAMELEON PT.
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE TD ☐ Delete
NAME LEWIS, RENEE
STREET ADDRESS 350 N.E. 13TH TERR.
CITY-ST-ZIP CRYSTAL RIVER FL 34428

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 000000240772
CITY-ST-ZIP 02/24/05-80016-021 61.25

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: *Jacqueline Hopkins* Jacqueline Hopkins 2/23/05 (352) 955-3895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #