

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90398 033 ****61.25

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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

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

7. Name and Address of New Registered Agent

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

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, 2006**

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

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

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

TITLE TD
NAME LEWIS, RENEE ☒ Delete
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
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 TD
STREET ADDRESS Elder Jimmy Grimsley
CITY-ST-ZIP 1113 - S.E. 1st Street
Crystal River, FL 34439

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 exemptions contained in Section 119, 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

3/27/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #