

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005969

FILED  
Jan 17, 2007  
Secretary of State

**Entity Name:** OMEGA END TIMES HARVEST MISSION, INCORPORATED

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 82-0562193

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOPKINS, JACQUELINE  
Address: 871-N.E. 5TH TERR.  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VPD ( ) Delete  
Name: SUMMERLIN, ADRIENNA  
Address: 1117 N.E. 1ST TERR.  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: SD ( ) Delete  
Name: PARKER, MURDIS  
Address: 3261 N. CHAMELEON PT.  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: TD ( ) Delete  
Name: ELDER, JIMMY G  
Address: 1113-SE 1ST ST  
City-St-Zip: CRYSTAL RIVER, FL 34429

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE HOPKINS

PD

01/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date