# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 23, 2008**
**Secretary of State**

DOCUMENT# N02000005969

**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 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 01/23/2008

Electronic Signature of Signing Officer or Director — Date