

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

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90138 034 ****61.25

DOCUMENT # NO2000005969

1. Entity Name

Omega End Times Harvest
Mission, Incorporated



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

319-N.E. 7th Ave.

Suite, Apt. #, etc.
Crystal River

City & State
Florida

Zip Country
34429 USA

3. Mailing Address

871-N.E. 5th Terrace

Suite, Apt. #, etc.
Crystal River

City & State
Florida

Zip Country
34429 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

82-0562193

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY - ST - ZIP	President - P. Jacqueline Hopkins 871-N.E. 5th Terrace Crystal River, FL 34429
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President - V Adrienna Summerlin 1117-N.E. 1st Terrace Crystal River, FL 34429
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary - S Murdis Parker 3461-N. Chameleon Pt. Crystal River, FL 34429
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Renee Lewis 350-N.E. 13th Terrace Crystal River, FL 34428
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Jacqueline Hopkins

5/24/03

CR2E037B (12/02)