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

Secretary of State DOCUMENT # N04000001938 --02-09-2005 90043 037 ****61.25 1. Entity Name THE ENDTIME MINISTRY OF GOD INC. Principal Place of Business Mailing Address 66004833 P O BOX 772 OCALA FL 34478 P O BOX 772 OCALA FL 34478 2. Principal Place of Business 3. Mailing Address 706 Martin Suite. Ant. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) DCA-1A City & State 4. FEI Number Applied For 940 Not Applicable Ζp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired PIPTION Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACKSON, RANDOLPH Street Address (P.O. Box Number is Not Acceptable) 1930 SW 7TH PLACE OCALA FL 34474 City 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. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 4.26 AND WASHINGTON 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PA5+01 TITLE Presider TITLE Change Addition RANGOIPH MAME NAME STREET ADDRESS STREET ADORESS ary-st-ze CITY-S1-7/2 HILE CE pass pres Bent ☐ Change ☐ Addition NUME NAME uby JACKSIN STREET ADDRESS RUSY THEKSON STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE Ocieta DILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 612 STREET ADDRESS ecretar CITY-ST-ZIP CITY ST 7P TITLE ☐ Delebe TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE Delete TITLE ☐ Change Addition NAME NAME. STREET ADDRESS STREET ADORESS CITY-ST-ZP CITY-ST-71P 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 eath; 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 any address, with all other like empowered. JACKSON SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNAG OFFICER OR GIRECTOR 352-201-3741 SIGNATURE: 💯 2-5-05

FILED

Mar 14, 2005 8:00 am