## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Sep 06, 2006 8:00 am Secretary of State DOCUMENT # N04000001938 08-28-2006 90006 034 \*\*\*\*13.75 09-06-2006 90041 009 \*\*\*\*61.25 THE ENDTIME MINISTRY OF GOD INC. Principal Place of Business Mailing Address 706 MLK BLVD P 0 BOX 772 OCALA, FL 34478 OCALA, FL 34478 2. Principal Place of Business 706 NW Martin Luthe 3. Mailing Address P. 0. BOX 772 34478 08312006 Ċhg-NP CR2E037 (4/06) Applied For 4. FEI Number 03-0556940 OCAIN FI. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired marion Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARBOID FACKSON 1908 SW7\*PL. OCAIA FL. 34474 Name 145-for BAIBMA DATESON. Street Address (P.O. Box Number is Not Acceptable) JACKSON, RANDOLPH 1930 SW 7TH PLACE **OCALA, FL 34474** 18255 PW. 60" AVE. Ress: CK F1. 32686 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 9-5-06 ANCOLAL JAPKSON (NOTE: Registered Agent signature required when reinstating Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 6, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TOT BANBATA Change Addition Free Son 18255 WW. 60 AVC PASTON BALBALA TITLE ☐ Detete TITLE JACKSON, RANDOLPH NAME NAME 1905 SW 7TH PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34475 CITY+ST-7IP TITEF ☐ Defete TITLE ☐ Change ■ Addition JACKSON, RUBY NAME NAME 1930 SW 7TH PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34475 CITY-ST-ZIP TITLE **Delete** ☐ Change Addition DAYMON, CAROLYN NAME NAME STREET ADDRESS 612 NE 19TH STREET STREET ADDRESS CITY-ST-ZIP. OCALA, FL-34479 -City-St-Zip Delete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE □ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

ITED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #

## **ATTACHMENT**

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please use The other money from The other money oder For A copey of 8.75