

2006 NOT-FOR-PROFIT ANNUAL REPORT (ART)

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90014 005 ****70.00

DOCUMENT # N04000003225

1. Entity Name

END TIME REVIVAL CRUSADE INC.



Principal Place of Business

17003 N W 11TH ST.
BLOUNTSTOWN FL 32424

Mailing Address

C/O LINDA A. WISE
16659 S W MIMOSA ST.
BLOUNTSTOWN FL 32424



2. Principal Place of Business

Church
Suite, Apt. #, etc.
17003 NW 11th St
City & State
Blountstown, Fl.
Zip
32424 Country
Calhoun

3. Mailing Address

% Linda A. Wise
Suite, Apt. #, etc.
16659 SW Mimosa St
City & State
Blountstown Fl
Zip
32424 Country
Calhoun

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3089112

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WISE, LINDA
16659 S W MIMOSA ST.
BLOUNTSTOWN FL 32424

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

Linda A. Wise

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-electing)

DATE

6/1/06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 **P** ☐ Delete
NAME **WISE, LINDA A**
STREET ADDRESS **16659 S W MIMOSA ST.**
CITY - ST - ZIP **BLOUNTSTOWN FL 32424**

TITLE **D** ☐ Delete
NAME **YOUNG, PAULINE**
STREET ADDRESS **16659 S W MIMOSA ST.**
CITY - ST - ZIP **BLOUNTSTOWN FL 32424**

TITLE **D** ☐ Delete
NAME **BURCH, MARTHA J**
STREET ADDRESS **18946 ST RD 71**
CITY - ST - ZIP **BLOUNTSTOWN FL 32424**

TITLE **D** ☐ Delete
NAME **WISE, MARY ELLEN**
STREET ADDRESS **16659 S W MIMOSA ST.**
CITY - ST - ZIP **BLOUNTSTOWN FL 32424**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE:

Linda A. Wise (LINDA A. WISE)

6/1/06 850-674-4341