

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004504

FILED  
Apr 13, 2005  
Secretary of State

Entity Name: END TIME REVIVAL MINISTRIES INC.

**Current Principal Place of Business:**

4911 DACCA DRIVE  
TAMPA, FL 33619

**New Principal Place of Business:**

6220 CALAMARI PLACE  
RIVERVIEW, FL 33569

**Current Mailing Address:**

4911 DACCA DRIVE  
TAMPA, FL 33619

**New Mailing Address:**

6220 CALAMARI PLACE  
RIVERVIEW, FL 33569

FEI Number: 57-1164772

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCAVELLI, STEVEN  
4911 DACCA DRIVE  
TAMPA, FL 33619 US

**Name and Address of New Registered Agent:**

SCAVELLI, STEVEN  
6220 CALAMARI PLACE  
RIVERVIEW, FL 33569 US

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:

04/13/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: EXD ( ) Delete  
Name: SCAVELLI, STEVEN  
Address: 4911 DACCA DRIVE  
City-St-Zip: TAMPA, FL 33619

Title: D ( ) Delete  
Name: BROWN, AARON C  
Address: 4105 ROBINWAY  
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete  
Name: CAMPBELL, RALPH  
Address: 5216 HEADLAND HILLS AVENUE  
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete  
Name: HARPE, DREW  
Address: 350 LAKEWOOD DRIVE  
City-St-Zip: BRANDON, FL 33510

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: EXD (X) Change ( ) Addition  
Name: SCAVELLI, STEVEN  
Address: 6220 CALAMARI PLACE  
City-St-Zip: RIVERVIEW, FL 33569

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 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 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: STEVEN SCAVELLI

EXD

04/13/2005

Electronic Signature of Signing Officer or Director

Date