

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2007  
Secretary of State**

DOCUMENT# N04000004504

Entity Name: END TIME REVIVAL MINISTRIES INC.

**Current Principal Place of Business:**

6220 CALAMARI PLACE  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

6220 CALAMARI PLACE  
RIVERVIEW, FL 33569

**New Mailing Address:**

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  
6220 CALAMARI PLACE  
RIVERVIEW, FL 33569 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

Title: D ( ) Delete  
Name: SCAVELLI, GEORGINA E  
Address: 6220 CALAMARI PLACE  
City-St-Zip: RIVERVIEW, FL 33569 US

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

Title: D ( ) Delete  
Name: LAW, DAVID M  
Address: PO BOX 1501  
City-St-Zip: LAND O' LAKES, FL 34639 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 exemption stated 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 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

04/29/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date