2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 05/01/2008

Electronic Signature of Signing Officer or Director — Date