

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004504

FILED  
Apr 22, 2012  
Secretary of State

**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 33578

**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 33578 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  
Name: SCAVELLI, STEVEN  
Address: 6220 CALAMARI PLACE  
City-St-Zip: RIVERVIEW, FL 33578 US

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

Title: D  
Name: SCAVELLI, GEORGINA E  
Address: 6220 CALAMARI PLACE  
City-St-Zip: RIVERVIEW, FL 33578 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: STEVEN SCAVELLI

EXD

04/22/2012

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

\_\_\_\_\_  
Date