


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000006558 1. Entity Name ENDTIME RESTORATION MINISTRIES, INC.	
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Principal Place of Business 200 S. 3RD ST LAKE WALES, FL 33853	Mailing Address 200 S. 3RD ST LAKE WALES, FL 33853
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1241354	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HILL, BETTY G 200 S THIRD ST LAKE WALES, FL 33853

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$81.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, BETTY G P O BOX 647 LAKE WALES, FL 338590647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYNER, TILLIE 307 DORSETT AVENUE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LATSON, VALTURIA P O BOX 3833 LAKE WALES, FL 338593833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARRINGTON, NAOMI 2716 RANCH HAND TRAIL LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LABEACH, DELOIS P O BOX 523 LAKE WALES, FL 338590523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/16/08-80014-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 	Date <u>1/10/08</u>	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		