

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006558

FILED
Jan 13, 2009
Secretary of State

Entity Name: ENDTIME RESTORATION MINISTRIES, INC.

Current Principal Place of Business:

200 S. 3RD ST
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

200 S. 3RD ST
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 20-1241354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, BETTY G
200 S THIRD ST
LAKE WALES, FL 33853 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: P () Delete
Name: HILL, BETTY G
Address: P O BOX 647
City-St-Zip: LAKE WALES, FL 338590647

Title: D () Delete
Name: JOYNER, TILLIE
Address: 307 DORSETT AVENUE
City-St-Zip: LAKE WALES, FL 33853

Title: T () Delete
Name: LATSON, VALTURIA
Address: P O BOX 3833
City-St-Zip: LAKE WALES, FL 338593833

Title: T () Delete
Name: ARRINGTON, NAOMI
Address: 2716 RANCH HAND TRAIL
City-St-Zip: LAKE WALES, FL 33853

Title: T () Delete
Name: LABEACH, DELOIS
Address: P O BOX 523
City-St-Zip: LAKE WALES, FL 338590523

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: BETTY G. HILL

PRES

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date