2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000006572

RT FILED Mar 07, 2005 Secretary of State

Entity Name: END TIME MESSAGE MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: 1016 BEE POND ROAD PALM HARBOR, FL 34683 **Current Mailing Address: New Mailing Address:** 1016 BEE POND ROAD P.O.BOX 1046 PALM HARBOR, FL 34683 PALM HARBOR, FL 34682 FEI Number: 55-0873601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DARLING, EDITH M 1016 BEE POND ROAD PALM HARBOR, FL 34683 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DARLING, EDITH M Name: Name: 1016 BEE POND ROAD Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: () Delete Title: (X) Change () Addition CREWS, VASSAR C Name: DARLING, BRUCE R Name: Address: 6899 CIRCLE CREEK DRIVE Address: 1016 BEE POND ROAD City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: PALM HARBOR, FL 34683 Title: () Delete Title: () Change (X) Addition Name: FORTUNE, LESLIE Name: 3349 36TH STREET NORTH Address: Address: City-St-Zip: City-St-Zip: ST. PETERSBURG, FL 33713 Title: () Delete Title: () Change (X) Addition Name: Name: MURPHY, KIMBERLY 1208 MOONDALE COURT Address: Address: City-St-Zip: City-St-Zip: VALRICO, FL 33594 Title: () Delete Title: A TR () Change (X) Addition COX, KIMBERLY Name: Name: 1980 BRIARWOOD STREET Address: Address: City-St-Zip: City-St-Zip: DUNEDIN, FL 34698 Title: () Delete Title: () Change (X) Addition BLAKE, ERICKA Name: Name: Address: Address: 1321 OLD VILLAGE WAY OLDSMAR, FL 34677 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDITH M. DARLING PF 03/07/2005