

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001798

FILED
Apr 10, 2008
Secretary of State

Entity Name: HARVEST OF PURPOSE END-TIMES MINISTRIES INC.

Current Principal Place of Business:

4751 NORTHWEST 24TH COURT
LAUDERDALE LAKES, FL 33313

New Principal Place of Business:

Current Mailing Address:

4751 NORTHWEST 24TH COURT
LAUDERDALE LAKES, FL 33313

New Mailing Address:

FEI Number: 11-3744389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEMPLE ARON HAKODESH
4751 NW 24TH COURT
LAUDERDALE LAKES, FL 33313 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: D () Delete
Name: LASH, NEIL A
Address: 4751 NORTHWEST 24TH COURT
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: TD () Delete
Name: KERSTNER, VICKIE
Address: 4751 NORTHWEST 24TH COURT
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: SD () Delete
Name: JUSTICE-WILLIAMS, GLENDA
Address: 4751 NORTHWEST 24TH COURT
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: P () Delete
Name: TAYLOR, DESLYN
Address: 4751 NORTHWEST 24TH COURT
City-St-Zip: LAUDERDALE LAKES, FL 33313

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:

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: DESLYN TAYLOR

P

04/10/2008

Electronic Signature of Signing Officer or Director

Date