

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003812

FILED
May 01, 2009
Secretary of State

Entity Name: DANCING FOR THE ENDTIME HARVEST INT'L MINISTRIES, INC.

Current Principal Place of Business:

7565 DEVOLA TRAIL
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

P O BOX 350903
JACKSONVILLE, FL 32235

New Mailing Address:

FEI Number: 30-0311251 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NESTOR, LUCIE MS
7565 DEVOLA TRAIL
JACKSONVILLE, FL 32244 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: PRES () Delete
Name: LUCIE, NESTOR MS
Address: 7565 DEVOLA TRAIL
City-St-Zip: JACKSONVILLE, FL 32244

Title: SECR () Delete
Name: VARGAS, MELANIE MS
Address: 6536 SHADY OAK DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: TRES () Delete
Name: MILLS, LINDA MS
Address: 1957 OAK TWIST COURT
City-St-Zip: ORANGE PARK, FL 32073

Title: DIR () Delete
Name: HUNTER, KIM MRS
Address: 7397 MC DOUGAL AVE
City-St-Zip: ORANGE PARK, FL 32073

Title: DIR () Delete
Name: YOUNG, MEG MS
Address: 1142 ROMAINE CIR E
City-St-Zip: JACKSONVILLE, FL 32225

Title: DIR () Delete
Name: PARRIS, NATACHA MRS
Address: 7622 VANDAOLAY DR
City-St-Zip: JACKSONVILLE, FL 32244

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:

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: LUCIE N POIRIER

MRS

05/01/2009

Electronic Signature of Signing Officer or Director

Date