

# 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:**      **Name and Address of New Registered Agent:**

NESTOR, LUCIE MS  
7565 DEVOLA TRAIL  
JACKSONVILLE, FL 32244 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:**

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