

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004490

FILED
Aug 29, 2007
Secretary of State

Entity Name: END TIMES KINGDOM HARVEST MINISTRIES, INC.

Current Principal Place of Business:

12960 OGDEN ROAD
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

12960 OGDEN ROAD
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 20-5015434 **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:

ODOM & BARLOW, P.A.
6.5 WEST GARDEN STREET
PENSACOLA, FL 32502 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: D () Delete
Name: ELLIOTT, FREDRICK
Address: 12960 OGDEN ROAD
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: BRITTON, BUCK
Address: 7315 TIPPIN LANE
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: LUKE, BENNETT
Address: 1146 OLD NURSERY WAY
City-St-Zip: PENSACOLA, FL 32504

Title: D (X) Delete
Name: SKINNER, DALE
Address: 11 BOLAND PLACE
City-St-Zip: PENSACOLA, FL 32505

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: FREDERICK D. ELLIOTT

PRES

08/29/2007

Electronic Signature of Signing Officer or Director

Date