2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N07000009667

Entity Name: END TIME MINISTRIES OF JESUS CHRIST, INCORPORATED

Current Principal Place of Business:

2908 HARWOOD STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

2908 HARWOOD STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 26-1218516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAYWOOD, JAMES
2908 HARWOOD STREET
TALLAHASSEE, FL 32301 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: P ( ) Delete
Name: HAYWOOD, JAMES
Address: 2908 HARWOOD STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP ( ) Delete
Name: STEVENS, CHRISTOPHER D SR
Address: 906 KENDALL DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: S ( ) Delete
Name: STEVENS, VELMA P
Address: 906 KENDALL DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: T ( ) Delete
Name: HAYWOOD, CLAUDIA
Address: 2908 HARWOOD STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: WILSON, JIMMY
Address: 3429 SUNNYSIDE DRIVE
City-St-Zip: TALLAHASSEE, FL 32305

Title: D ( ) Change (X) Addition
Name: WILSON, MARTHA
Address: 3429 SUNNYSIDE DRIVE
City-St-Zip: TALLAHASSEE, FL 32305

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: VELMA PENERMON STEVENS S 04/13/2009

Electronic Signature of Signing Officer or Director — Date