

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006879

FILED
Mar 19, 2009
Secretary of State

Entity Name: ENDTIME HARVEST MINISTRIES OF FAITH AND DELIVERANCE, INC.

Current Principal Place of Business:

8300 WOODS TRAIL
SEBASTIAN, FL 32976

New Principal Place of Business:

Current Mailing Address:

8300 WOODS TRAIL
SEBASTIAN, FL 32976

New Mailing Address:

FEI Number: 80-0219779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

A1A REGISTRED AGENT, INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FL 33411 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: PRICE, VANESSA
Address: 8300 WOODS TRAIL
City-St-Zip: SEBASTIAN, FL 32976

Title: DP () Delete
Name: HOUSEWORTH, DIANA
Address: 4751 HAIRSTON CROSSING ROAD
City-St-Zip: STONE MOUNTAIN, GA 30083

Title: DVP () Delete
Name: THOMPSON, LILLIE
Address: 8300 WOODS TRAIL
City-St-Zip: SEBASTIAN, FL 32976

Title: D () Delete
Name: HARRIS, CYNTHIA
Address: 204 WEST SEMINOLE AVENUE, #3
City-St-Zip: MELBOURNE, FL 32901

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: VANESSA PRICE

D

03/19/2009

Electronic Signature of Signing Officer or Director

Date