

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30050

FILED
Apr 29, 2009
Secretary of State

Entity Name: NEW TESTAMENT ENDTIME MINISTRIES, INC.

Current Principal Place of Business:

424 SMITH ROAD
POLK CITY, FL 33868 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1014
POLK CITY, FL 33868 US

New Mailing Address:

FEI Number: 59-2934138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGILL, CALPURTIA
505 CALLA PLACE
POLK CITY, FL 33868 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: PT () Delete
Name: MCGILL, CALPURTIA
Address: 505 CALLA PLACE
City-St-Zip: POLK CITY, FL 33868

Title: ST () Delete
Name: MCGILL, VERONICA
Address: 505 CALLA PLACE
City-St-Zip: POLK CITY, FL 33868

Title: TT () Delete
Name: LISBON, WANDA M
Address: 1250 ORANGE BLVD
City-St-Zip: POLK CITY, FL 33868

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:

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: CALPURTIA MCGILL

PT

04/29/2009

Electronic Signature of Signing Officer or Director

Date