

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90008 030 ****61.25

DOCUMENT # **N33289**

Corporation Name

ENDTIME HOLINESS CHURCH OF TAMPA INC.

Principal Place of Business

908 E. DELVIN AVE
TAMPA FL 33610

Mailing Address

3908 E. DELVIN AVE
TAMPA FL 33610

614181-90008-30



Principal Place of Business 3908 E. DELEUIL AVE Suite, Apt. #, etc.		2a. Mailing Address 3908 E. DELEUIL AVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/14/1989	
City & State		City & State		4. FEI Number 59-3015724 Applied For Not Applicable	
Zip 25		Zip 29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BOYD, GEORGE A. 3908 E. DELEUIL AVE TAMPA FL 33610				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

GNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ME	BOYD, GEORGE A.	1.2 NAME	
REET ADDRESS	3908 E. DELVIN AVE	1.3 STREET ADDRESS	3908 E. DELEUIL AVE
Y-ST-ZIP	TAMPA FL 33610	1.4 CITY-ST-ZIP	
LE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ME	BOYD, DELORES S.	2.2 NAME	
REET ADDRESS	3908 E. DELVIN AVE	2.3 STREET ADDRESS	3908 E. DELEUIL AVE
Y-ST-ZIP	TAMPA FL 33610	2.4 CITY-ST-ZIP	
LE	DDT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	SAMPSON, CHESTER	3.2 NAME	
REET ADDRESS	2807 TELIA FERRO AVE	3.3 STREET ADDRESS	
Y-ST-ZIP	TAMPA FL 33602	3.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

I, hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Deleuil Boyd** **REDELORES S. Boyd** **9/7/99** **813-238-7237**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)