

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N47355 (5)**

1. Corporation Name

**END TIME HARVEST CHRISTIAN CENTER, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 7411  
WARNER ROBBINS GA 31095-7411

P.O. BOX 7411  
WARNER ROBBINS GA 31095-7411

3. Date Incorporated or Qualified  
**02/14/1992**

3a. Date of Last Report  
**08/22/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMMONS, RANDY E DR.  
15768 NORTHWEST 7TH AVENUE, APT. A  
MIAMI FL 33169**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **SIMMONS, RANDY E DR.**  
STREET ADDRESS **202 RIDGELAND DRIVE**  
CITY - ST - ZIP **WARNER ROBBINS GA 31093**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **VPD** ☐ DELETE  
NAME **SIMMONS, LISA E DR.**  
STREET ADDRESS **202 RIDGELAND DRIVE**  
CITY - ST - ZIP **WARNER ROBBINS GA 31093**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE **SD** ☐ DELETE  
NAME **SIMMONS, GLEN**  
STREET ADDRESS **595 HOTCH KISS ST.**  
CITY - ST - ZIP **GRAVENHURST ONT. CANADA CA P1P1H-8**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE **TD** ☐ DELETE  
NAME **SIMMONS, JUDY**  
STREET ADDRESS **7910 A SOUTH., UTICA AVE. BLDG. # 4**  
CITY - ST - ZIP **TULSA OK 74136**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE  
NAME **PEDICAN, OLIVIA**  
STREET ADDRESS **2020 BEAUTIFUL AVE.**  
CITY - ST - ZIP **WEST PALM BCH., FL 33407**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT (RANDY E. SIMMONS)** 1/25/96 (912) 329-  
Date Daytime Phone # 0251

CR2E037 (12/95)