

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

FILED

96 DEC 20 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT
1996 Amended



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

DOCUMENT #
1. Corporation Name

N47355

END TIME HARVEST CHRISTIAN CENTER, INC.

Principal Place of Business Mailing Address
303 Duke Avenue same
Warner Robins, GA. 31093

3. Date Incorporated or Qualified 2/14/92	3a. Date of Last Report 6/25/96
4. FEI Number 58-2003855	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. 303 Duke Avenue	2a. Mailing Address 26. same
Suite, Apt. #, etc. 22.	Suite, Apt. #, etc. 27.
City & State 23. Warner Robins, GA.	City & State 28.
Zip 24. 31093	Country 25. USA
Zip 29.	Country 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name Matt Maddox
82. Street Address (P.O. Box Number is Not Acceptable) 109 Helen Place
83.
84. City Georgetown
85. Zip Code FL 32139

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]

Matt Maddox

11-22-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melvin Womack	1.2 NAME	
STREET ADDRESS	419 Pennsylvania Ave.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Warner Robins, GA. 31093	1.4 CITY-ST-ZIP	
TITLE	SECRETARY/D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dr. James E. Kirkwood	2.2 NAME	
STREET ADDRESS	110 Sherwood Ct.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Warner Robins, GA. 31088	2.4 CITY-ST-ZIP	
TITLE	TREASURER/D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Matt Maddox	3.2 NAME	
STREET ADDRESS	131 Keith Road	3.3 STREET ADDRESS	
CITY-ST-ZIP	Bonaire, GA. 31005	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

600002017306--2
-12/02/96--01051--011
*****70.00 *****70.00

VS
12/26/96

SIGNATURE:

[Signature] Matt Maddox

11-22-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

EXPIRATION DATE

CR2E037 (3/96)