

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90223 036 ****61.25

DOCUMENT # N47355

1. Entity Name

END TIME HARVEST CHRISTIAN CENTER, INC.



Principal Place of Business

**202 RIDGELAND DR.
WARNER ROBBINS GA 31093**

Mailing Address

**POST OFFICE BOX 7411
WARNER ROBBINS GA 31095-7411**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2003855**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMMONS, RANDY E DR.
565 SILVER BEACH RD.
LAKE PARK FL 33403**

Name **DR. RANDY E. SIMMONS**

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

110 W. 32 CT.

RIVIERA Bch.

City

FL

Zip Code

33404

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

5/12/03.

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **SIMMONS, RANDY E DR.**
STREET ADDRESS **565 SILVER BEACH RD.**
CITY-ST-ZIP **LAKE PARK FL 33403**

TITLE **DR. RANDY E. SIMMONS** ☒ Change ☐ Addition
NAME **DR. RANDY E. SIMMONS**
STREET ADDRESS **202 Ridgeland DR.**
CITY-ST-ZIP **WARNER ROBBINS GA. 31093**

TITLE **VD** ☐ Delete
NAME **SIMMONS, LISA M**
STREET ADDRESS **202 RIDGELAND DR.**
CITY-ST-ZIP **WARNER ROBBINS GA 31093**

TITLE **OLIVIA PARKINSON** ☒ Change ☐ Addition
NAME **OLIVIA PARKINSON**
STREET ADDRESS **110 W. 32 CT.**
CITY-ST-ZIP **RIVIERA Bch. Fla. 33404**

TITLE **SD** ☐ Delete
NAME **PRINTHUP, SANTINA**
STREET ADDRESS **210 WALKER DRIVE**
CITY-ST-ZIP **WARNER ROBBINS GA 31093**

TITLE **ELISHA PARKINSON** ☒ Change ☐ Addition
NAME **ELISHA PARKINSON**
STREET ADDRESS **110 W. 32 CT.**
CITY-ST-ZIP **RIVIERA Bch. Fla 33404**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

5/12/03 (478) 923-5566

CR2E037 (10/02)