

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED  
AND  
FILED

CORPORATION  
ANNUAL REPORT  
1995



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

50 MAY - 1 AM 10: 15

DOCUMENT # **N94000000474 (6)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name  
**END TIME REVIVAL CENTER, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>6347 BOB GLINK ROAD JACKSONVILLE FL 32219</b>	Mailing Address <b>6347 BOB GLINK ROAD JACKSONVILLE FL 32219</b>
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3. Date incorporated or Qualified <b>01/21/1994</b>	3a. Date of Last Report <b>01/21/1994</b>
4. FEI Number <b>59-3229436</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>Rt 2 Box 346</b>	2a. Mailing Address 26 <b>6347 Bob-o-link Rd</b>
Suite, Apt. #, etc. 22 <b>Church building</b>	Suite, Apt. #, etc. 27
City & State 23 <b>Hilliard Fla</b>	City & State 28 <b>Jax FL</b>
Zip 24 <b>32046</b>	Country 25 <b>USA</b>
Zip 29 <b>32219</b>	Country 30 <b>FL</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$0.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SIKES, JOSEPH M  
6347 BOB GLINK ROAD  
JACKSONVILLE FL 32219**

10. Name and Address of New Registered Agent

81 Name <b>Joseph m Sikes</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6347 Bob-o-link Rd</b>
83
84 City <b>Jax</b>
85 Zip Code <b>FL 32219</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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 607.0505, Florida Statutes.

SIGNATURE **JOSEPH SIKES** *Joseph Sikes* **4-12-95**  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when transferring) DATE

12. OFFICERS AND DIRECTORS	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<b>President - 0</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Joseph m. Sikes</b>
13 STREET ADDRESS	<b>6347 Bob-o-link Rd</b>
14 CITY - ST - ZIP	<b>Jax FL 32219</b>
21 TITLE	<b>Vice/President - 0</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>CARDI A SCOTT</b>
23 STREET ADDRESS	<b>Rt 2 Box 346 - D</b>
24 CITY - ST - ZIP	<b>Hilliard Fla 32046</b>
31 TITLE	<b>SEC TREASURER - 0</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>Peggy Diane Crawford</b>
33 STREET ADDRESS	<b>Rt 2 Box 346</b>
34 CITY - ST - ZIP	<b>Hilliard 91 32046</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Joseph m Sikes** *Joseph Sikes* **4-12-95** **764-8252**  
Signature, typed or printed name of officer or director (NOTE: Signature required) DATE