

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N96000004579 (6)

1. Corporation Name

PROPHETIC END TIME MINISTRIES, INC.



Principal Place of Business	Mailing Address
831 FOX LAKE DRIVE LAKELAND FL 33809	831 FOX LAKE DRIVE LAKELAND FL 33809-2215

3. Date Incorporated or Qualified 09/04/1996	3a. Date of Last Report
---	-------------------------

2. Principal Place of Business	2a. Mailing Address
21 739 N. WABASH AVE	26 Suite, Apt. #, etc.
22 Suite, Apt. #, etc.	27 City & State
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

4. FEI Number 59-3399493	Applied For Not Applicable
5. Certificate of Status Desired	<input 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	

9. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BROWN, MATTHEW L
STREET ADDRESS	831 FOX LAKE DRIVE
CITY-ST-ZIP	LAKELAND FL 33809
TITLE	VD
NAME	BROWN, VIRGINIA D
STREET ADDRESS	831 FOX LAKE DRIVE
CITY-ST-ZIP	LAKELAND FL 33809
TITLE	SD
NAME	PACE, CECILIA N
STREET ADDRESS	831 FOX LAKE DRIVE
CITY-ST-ZIP	LAKELAND FL 33809
TITLE	TD
NAME	ROBINSON, GLENDA D
STREET ADDRESS	831 FOX LAKE DRIVE
CITY-ST-ZIP	LAKELAND FL 33809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	ASST. Secretary
1.2 NAME	Tangela Robinson
1.3 STREET ADDRESS	831 FOX LAKE DR.
1.4 CITY-ST-ZIP	LAKELAND FL 33809
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Virginia D. Brown - Virginia D. Brown 941-688 2785

92E037 (9/96)