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Secretary of State

05-17-1999 90023 040 ****70.00

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NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005659

1. Corporation Name
END TIME MINISTRIES, INC.

553273³ - 90023 - 7² - 3³ *

Principal Place of Business
4852 N.W. 2ND AVENUE
MIAMI FL 33127

Mailing Address
6511 N.W. MIAMI PLACE
MIAMI FL 33150



2. Principal Place of Business 21 4852 N.W. 2nd AVE Suite, Apt. #, etc. 22	2a. Mailing Address 26 6511 N.W. MIAMI PLACE Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 10/31/1996
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA	4. FEI Number 65-0730108 Applied For Not Applicable
Zip 24 33127	Country 25 U.S.A.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 29 33150	Country 30 U.S.A.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent PHILOGENE, MARIELLE REV 6511 N.W. MIAMI PLACE MIAMI FL 33150	10. Name and Address of New Registered Agent 81 Name Rev. MARIELE PHILOGENE 82 Street Address (P.O. Box Number is Not Acceptable) 6511 N.W. MIAMI PLACE 83 84 City MIAMI 85 Zip Code FL 33150
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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 OF Rev. Marielle Philogene, Pres. DOR 5-22-99
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 NAME STREET ADDRESS CITY-ST-ZIP	P D PHILOGENE, MARIELLE REV. 6511 N.W. MIAMI PLACE MIAMI FL 33150	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D PHILOGENE, FRANCK 6511 N.W. MIAMI PLACE MIAMI FL 33150	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D LAFONTANT, TAMARA 8012 N.E. 7TH AVENUE MIAMI FL 33138	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELVA, GESNER DR. 85 NE 168TH STREET MIAMI FL 33161	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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, with all other like empowered.

SIGNATURE: Rev. Marielle Philogene (PRESELD) DOR 5-22-99 (305) 754-3533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)