

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 22, 2007  
Secretary of State

DOCUMENT# N96000005659

Entity Name: END TIME MINISTRIES, INC.

**Current Principal Place of Business:**

14853 NW 7TH AVENUE  
MIAMI, FL 33168 US

**New Principal Place of Business:**

**Current Mailing Address:**

6511 NW MIAMI PLACE  
MIAMI, FL 33150 US

**New Mailing Address:**

FEI Number: 65-0730108

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PHILOGENE, MARIELLE REV  
6511 N.W. MIAMI PLACE  
MIAMI, FL 33150 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PHILOGENE, MARIELLE REV.  
Address: 6511 N.W. MIAMI PLACE  
City-St-Zip: MIAMI, FL 33150

Title: VPD ( ) Delete  
Name: PHILOGENE, FRANCK  
Address: 6511 N.W. MIAMI PLACE  
City-St-Zip: MIAMI, FL 33150

Title: SD ( ) Delete  
Name: LAFONTANT, TAMARA  
Address: 8012 N.E. 7TH AVENUE  
City-St-Zip: MIAMI, FL 33138

Title: T ( ) Delete  
Name: MARCELLUS, NANOTTE  
Address: 21774 NE 170 STREET  
City-St-Zip: MIAMI, FL 33162 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIELLE PHILOGENE

REV

03/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date