

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005659

FILED
Mar 24, 2009
Secretary of State

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 ()

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: P/D () 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: S/D () Delete
Name: LAFONTANT, TAMARA
Address: 8012 N.E. 7TH AVENUE
City-St-Zip: MIAMI, FL 33138

Title: T () Delete
Name: TORCHON, DANIEL C TREASUR
Address: 160 NE 174 ST
City-St-Zip: NORTH MIAMI BEACH, 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: S/D (X) Change () Addition
Name: FREDERIQUE, RICHLER
Address: 19100 NW 6TH AVE
City-St-Zip: MIAMI, FL 33169

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

I hereby certify that the information supplied with this filing does not qualify 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

P/D

03/24/2009

Electronic Signature of Signing Officer or Director

Date