

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90307 026 ****75.00

DOCUMENT # **N96000005659**



1. Entity Name
END TIME MINISTRIES, INC.

Principal Place of Business
**14853 NW 7TH AVENUE
MIAMI FL 33168**

Mailing Address
**6511 NW MIAMI PLACE
MIAMI FL 33150**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0730108**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **SAME AS ABOVE**

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rev. Marielle Philogene*

REV. MARIELLE PHILOGENE *PPD*

04/17/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P D** Delete
NAME **PHILOGENE, MARIELLE REV.**
STREET ADDRESS **6511 N.W. MIAMI PLACE**
CITY-ST-ZIP **MIAMI FL 33150**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP D** Delete
NAME **PHILOGENE, FRANCK**
STREET ADDRESS **6511 N.W. MIAMI PLACE**
CITY-ST-ZIP **MIAMI FL 33150**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S D** Delete
NAME **LAFONTANT, TAMARA**
STREET ADDRESS **8012 N.E. 7TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** Delete
NAME **POUX, MARIE**
STREET ADDRESS **35 NE 64 TERRACE APT 23**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE Change Addition
NAME **BAUCE, WIDELINE**
STREET ADDRESS **9390 N.W. 14 AVENUE**
CITY-ST-ZIP **MIAMI, FLORIDA 33147**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rev. Marielle Philogene* MARIELLE PHILOGENE *PPD* *04/17/03* (305)754-3533

CR2E037 (10/02)