

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90167 001 ****61.25

0005293

DOCUMENT # N97000002468

1. Corporation Name

**THE END TIME MINISTRY HOUSE OF TRUE DELIVERANCE,
CORP.**

534133 - 90167 - 1

Principal Place of Business

2467 S LANE AVE
JACKSONVILLE FL 32210
US

Mailing Address

2467 S LANE AVE
JACKSONVILLE FL 32210
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

05/02/1997

4. FEI Number

59-3443445

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MCKIBBEN, DON C
C/O 2467 S LANE AVE
JACKSONVILLE FL 32210

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	M	<input type="checkbox"/> DELETE
NAME	BROOKS, GLEN E	
STREET ADDRESS	3038-B JOHN HANCOCK COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKIBBEN, DON C	
STREET ADDRESS	5121 CANTONA ST. APT 198	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKIBBEN, KATRINA N	
STREET ADDRESS	5121 CATOMA ST. APT 198	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROOKS, VERONICA M	
STREET ADDRESS	3038-B JOHN HANCOCK CT	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WRIGHT, JOYCE ELDER	
STREET ADDRESS	1865 EDGEWOOD AVE W. APT 46	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	BOGER, BRENDA	
STREET ADDRESS	5202 LAVENTURA DR E	
CITY-ST-ZIP	JACKSONVILLE FL 32221	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mckibben, Don C.
2.3 STREET ADDRESS	5121 Catoma St. APT 198
2.4 CITY-ST-ZIP	Jacksonville FL 32210
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mckibben, Katrina N
3.3 STREET ADDRESS	5121 Catoma St, Apt 198
3.4 CITY-ST-ZIP	Jacksonville FL 32210
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ernest, Patricia
6.3 STREET ADDRESS	2039 Niblick Dr. Apt 43
6.4 CITY-ST-ZIP	Jacksonville FL 32210

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: Don Mckibben SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/07/99

Date

(904) 772-7661

Daytime Phone #

CR2E037 (11/98)